



**Board of Nursing  
Business Meeting Agenda**

**January 10, 2025  
8:30 AM- 5:00 PM**

**This is a virtual meeting**, if you would like to participate in the virtual meeting and you don't have computer or phone access you may attend at the **Department of Health, building Town Center 2, room 167** located at [111 Israel Rd SW, Tumwater, WA 98501](https://www.wa.gov/department-of-health)

**Zoom registration:** <https://us02web.zoom.us/meeting/register/tZUldO-gqT0oG9b9SwQbaNWAiyDzxbqe7Bg6>

**Board Members:**

Dawn Morrell, BSN, RN, Chair  
Quiana Daniels, BS, RN, LPN, Vice Chair  
MaiKia Moua, BSN, MPH, RN, Secretary/Treasurer  
Adam Canary, LPN  
Jacob Garcia, MBA, MSN, RN, PCCN  
Ella B. Guilford, MSN, M.Ed., BSN, RN  
Alisha Halverson, DNP, CNM, ARNP  
Luis Herrera, DNP, ARNP, FNP-BC  
Heleena Hufnagel, BS, MBA-HCA, Public Member  
Ajay Mendoza, CNM  
Sharon Ness, RN  
Norma Perez, M.Ed., Public Member  
Michael Syputa, LPN  
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, (*January 3, 2025*).

Need this document in another format? Please call 800-525-0127.

Deaf or hard of hearing customers:

- Call: 711 (Washington Relay)
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## Meeting Minutes

We record our meetings to help write accurate minutes. Our minutes are then approved at the next 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.

Smoking and vaping are prohibited at this 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 – Quiana Daniels**

#### **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. November 8, 2024
2. Advanced Practice Subcommittee
  - a. October 16, 2024
3. Discipline Subcommittee
  - a. October 15, 2024
4. Consistent Standards of Practice Subcommittee
  - a. October 8, 2024
5. Licensing Subcommittee
  - a. October 15, 2024
  - b. November 2024 – No Meeting
6. Research Subcommittee
  - a. No Meetings
7. Education Subcommittee
  - a. No Meetings

#### **B. 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)

#### **C. NCSBN Letter from Board President Phyllis Johnson**

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

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

1. November 11, 2024
2. November 22, 2024, with DOH
3. December 19, 2024

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

1. American Academy of Nursing Health Policy Conference – Alison Bradywood

#### **G. Procedures**

1. J10.04 WABON Travel Reservation Requests
2. W41.02 Short Term Analgesic Use
3. W44.03 Unauthorized Substance Use

#### **H. Advisory Opinion**

1. ARNP Telehealth

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

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

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

1. November 7, 2024
2. November 21, 2024
3. December 5, 2024
4. December 19, 2024
5. January 2, 2025

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

1. December 9, 2024
2. January 13, 2025
3. February 10, 2025

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

**A. Recruitment for Board Members (What do we need, who is ending term)**

**a. Board Members Completions**

- i. Term Completed: Sharon Ness
- ii. Eligible for Reappointment:  
Quiana Daniels  
Ella Guilford  
Heleena Hufnagel  
Ajay Mendoza  
Maikia Moua

**b. Pro Tem Completions**

- Mary Baroni  
Bianca Reis  
Tracy Rude

**B. Nominations Committee**

**C. Recruitment for Pro Tems based on the request and need of the board**

**D. NLC Mid-Year Meeting and NCSBN Mid-Year Meeting – March 10-13, 2025, Pittsburgh, PA**

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

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

**B. Strategic Plan Update**

1. 2023 Bill Implementation - Complete
2. Data-Driven Practice – Debbie Carlson – No Report
3. Diversity, Equity, Inclusion, & Belonging (DEIB) – Anthony Partridge
4. Communications – Social Media Presence – Shad Bell

**C. Rules Update – Jessilyn Dagum**

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

**9:45 AM – 10:00 AM – Break**

**VII. 10:00 AM – 10:45 AM – Subcommittee Report – DISCUSSION/ACTION**

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

1. Business Practices Advisory Opinion

Situation: The Washington State Board of Nursing (WABON) has received many inquiries from nurses concerning rules and guidelines for opening clinics or businesses.

Background: WABON does not have a formal statement or authority over ARNP businesses or clinic requirements or being an owner of a professional health care corporation. The laws and rules do not prohibit an ARNP from opening a private practice or being an owner of a professional health care organization.

Assessment: No current WABON advisory opinion exists that provides resources about business practices for ARNPs.

Recommendation: Approve the drafted Business Practices Advisory Opinion.

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

1. Washington State Hospital Association (WSHA) Comment – Informed Consent Advisory Opinion Draft

Situation: WSHA shared concerns about the Informed Consent Advisory Opinion.

Background: WABON approved developing an advisory opinion on informed consent. WSHA submitted concerns December 4, 2024.

Assessment: The roles and responsibilities of the nurse in the issue of informed consent is extremely broad, making it difficult to develop a generalized advisory opinion.

Recommendation: Discontinue development of an Informed Consent Advisory Opinion. Consider developing FAQs specific to situations and/or settings.

## VII. Subcommittee Report – DISCUSSION/ACTION. Continued.

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

#### 2. Dispensing and Distributing Opioid Overdose Reversal (OORM) in Hospitals FAQ

Situation: WSHA’s Safe Deliveries Roadmap pilot program found that some hospital-based implementation teams are encountering barriers with institutions allowing nurses to dispense naloxone in a hospital setting.

Background: WABON approved developing an FAQ to clarify the scope of practice of the Registered Nurse in hospitals specific to distributing and dispensing OORM at the November 12, 2024, business meeting.

Assessment: The draft FAQ addresses the scope of practice of nurses to distribute dispense, deliver, and administer naloxone in hospitals.

Recommendation: Approve the drafted OORM FAQ.

### C. Discipline – Sharon Ness, Chair

#### 1. WHPS Procedures

Situation: Discipline leadership updated four remaining procedures for terminology, references, and current practice. These include adding a mental health component to testing frequency, identifying responsibilities of the Substance Use Disorder Review Panel (SUDRP), and ensuring language is aligned with other recently revised procedures.

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

Assessment:

- *Program Eligibility and Admission Types (W31)* Clarified the language that refers to the change in a nurse’s status from voluntary to in lieu of discipline if they are in the WHPS program and have an open compliant. Also, clarifies referral to SUDRP or the compliance officer if a nurse fails to meet the deadline for entry into WHPS as defined in a disciplinary order or referral contract.
- *Medication Use (W40)* Clarified language on prescription reporting and referral to SUDRP if the nurse fails to comply with reporting requirements. Added language for the case manager to confer with the medical director when a nurse is using long-term opioids for pain management, which may require a referral to a pain management specialist.
- *Drug and Alcohol Testing (W42)* Added the severity of mental health as a reason to adjust drug testing frequency. Structured paragraphs to be consistent when addressing dilute samples, abnormal samples, and out-of-temperature samples.
- *Missed Check-ins and Tests (W43)* Added the potential for increased testing frequency when a nurse misses three check-ins within a three-month period, consistent with other WHPS procedures.

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

- a. W31.03 Program Eligibility and Admission Types
- b. W40.03 Medication Use
- c. W42.04 Drug and Alcohol Testing
- d. W43.02 Missed Check-ins and Tests

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

1. No Report

**E. Research – Maikia Moua, Chair**

1. Potential Discrimination in Nursing Complaint Intake Cases
  - a. Submission Date for Journal of Nursing Regulation: March 15, 2025
2. Final Summary of 2023 Board Survey Recommendations

Situation: The WABON Board Survey has been conducted annually in the past.

Background: The WABON Board Survey collects feedback from active Board members and Pro-tem members on their experiences with WABON meetings, subcommittees, and panels, and other processes.

Assessment: Board member appointments are currently pending as we approach the end of calendar year 2024.

Recommendation: Delay Board Survey until Board appointments are fulfilled.

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

1. No Report

**VIII. 10:45 AM – 11:45 AM – Education – Gerianne Babbo, Reuben Argel - DISCUSSION/ACTION**

**A. Nursing Education – Gerianne Babbo**

1. SB 5582 – Nurse Administrator Qualifications for BSN Programs
2. Washington State Student Nurse Preceptorship Grant Program
3. Nurse Administrator Turnover

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

1. Strategic Plan Updates
2. SB 5582 – Rural Hospital and High School Nursing Assistant Partnership
3. Skills Testing Pilot Updates
4. Specialty Curriculum – Notice of Delayed Enforcement

Situation: Concerns regarding the specialty curriculum implementation by September 1, 2025, require review of this deadline and steps to address full implementation.

Background: In 2023, the Board adopted changes to WAC 246-841A-440, requiring that approved nursing assistant training programs implement a common curriculum. The requirement to implement specialty curricula in mental health, developmental disabilities, and dementia was planned by rule for September 1, 2025. WAC 246-841A-440(1)(c).

Assessment: Enforcing the addition of specialty curricula would create an unnecessary barrier to licensing for nursing assistants, already in short supply in this state. NAPAP and Nursing Assistant Education Program has since learned that implementation of the specialty curricula by this date will result in unanticipated impacts to nursing assistants and training programs, including:

1. Inability to train enough instructors: a backlog of trainers to receive the Department of Social and Health Services (DSHS) and Developmental Disability Administration (DDA) certification to instruct the specialty curriculum. It is unclear if sufficient certified trainers will be available to nursing assistant programs training in 2025.
2. Nursing Assistant programs will need to increase program costs to include the specialty curricula hours, costs which will partially be passed to students.

Recommendation: NAPAP and the Nursing Assistant Education Program recommend that WABON approves the request for the Delayed Enforcement of the Nursing Assistant Specialty Curricula of the Common Curriculum in WAC 246-841A-440 to determine the best way to integrate this training into the profession. The Board will delay enforcement of WAC 246-841A-440(1)(c) until September 1, 2026, during that process.

5. Rescinding and refileing NA Skills Testing CR-101

Situation: The current CR-101 addresses adding skills testing to nursing assistant training programs. Additional consideration of the specialty curriculum is needed to adjust the enforcement date and implementation plan.

Background: In 2023, the Board adopted changes to WAC 246-841A-440, requiring that approved nursing assistant training programs implement a common curriculum, including specialty curricula.

Assessment: The current CR-101 for Chapter 246-841A WAC may need to be rescinded and a new CR-101 drafted to include addressing the specialty curriculum timing and implementation within this scope of work. Only one CR-101 may be open for this content at a time.

Recommendation: Consider rescinding the current CR-101 for Chapter 246-841A WAC and filing a new CR-101 with an expanded scope to address the identified issues.

6. Nursing Assistant Subcommittee Proposal

Situation: NAPAP and the NA Education Program does not have a dedicated process for public participation in discussion or visibility to decisions.

Background: Current practice is that the NAPAP requests the Nursing Education Subcommittee to convene a meeting when situation arises that requires board review, public comment, and board decision.

Assessment: NAPAP Panel decision-making is limited to program complaints, instructor applications, and program approval issues, thus these meetings are closed to the public. Any policy decisions must be made during an open public meeting. The NA programs in Washington State have dramatically grown to 181 programs. This dramatic growth has created a need for a Nursing Assistant



Education Subcommittee that is open to the public where Nursing Assistant specific policy decisions can be discussed in a public forum.

Recommendation: Consider approval of the request for a Nursing Assistant Education Subcommittee.

**11:45 AM – 1:00 PM – Lunch**

**IX. 12:00 PM – 1:00 PM – Education Session - Rural Nursing Education Program – Brenda Senger, PhD, RN, Assistant Professor, Nursing, Gonzaga University**

Dr. Senger will present on a new model for a rural nursing education program in Washington State.

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

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

**XI. 1:15 PM – 2:00 PM - Legislative Update – Quiana Daniels, Anthony Partridge - DISCUSSION/ACTION**

**A. 2025 Regular Session**

1. Legislative Panel Educational Modules
2. Inter-professional Mental Health Proposal - Establishing an interactive screening program to improve access to behavioral health resources for health care providers

**2:00 PM – 2:15 PM - Break**

**XII. 2:30 PM – 3:30 PM – WCN Report – Sofia Aragon – DISCUSSION/ACTION**

**XIII. 3:30 PM – 3:45 PM – Conference Update and Next Steps – Bethany Mauden – DISCUSSION/ACTION**

**XIV. Meeting Evaluation**

**XV. Closing**



**Board of Nursing  
Meeting Minutes**

**November 8, 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 167. 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:**

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Adam Canary, LPN  
Jacob Garcia, MBA, MSN, RN, PCCN  
Ella B. Guilford, MSN, M.Ed., BSN, RN  
Heleena Hufnagel, BS, MBA-HCA, Public Member  
Sharon Ness, RN  
Norma Perez, M.Ed., Public Member  
Kimberly Tucker PhD, RN, CNE

**Excused:**

Ajay Mendoza, CNM

**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  
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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, Dawn Morrell, Chair – DISCUSSION/ACTION**

**II. Call to Order**

**A. Introductions**

**B. Order of the Agenda**

**C. Land Acknowledgement – Jacob Garcia**

**D. Announcements**

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

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

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

**A. Approval of Minutes**

1. WABON Business Meeting
  - a. September 13, 2024
2. Advanced Practice Subcommittee
  - a. August 21, 2024
  - b. September 18, 2024
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. July 15, 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

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

**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. 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. Chair Report – Dawn Morrell – DISCUSSION/ACTION**

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

The nominations committee selects qualified board 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.

Ms. Morrell requested volunteers for the nominations committee. Ms. Perez, Mr. Garcia, Ms. Guilford have volunteered for the committee, Mr. Garcia to chair.

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

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

Mr. Archuleta presented WABON budget is underspent by about 15% or just over \$3.7M and the current revenue balance is just over \$94K. Revenues from fees in recent months have lagged adjusted projections and YTD revenues are 4.6%, or just over \$933K short of adjusted projections. 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.

### **B. WCN Update**

Dr. Bradywood presented an update on the 2025 WCN/WABON Timeline and upcoming budget challenges with the revenue report.

### **C. Strategic Plan Update**

#### **1. Bill Implementation**

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

Ms. Bielaski reported on WABON applications, renewals and MSL upgrade volumes. 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.

#### **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**

Mr. Bell presented GovDelivery performance, social media and website analytics. The data shows that email open rate was the highest in September, and the highest for the Legislation and Rules category. 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 and website engagement has increased.

### **D. Rules Update – Jessilyn Dagum**

Ms. Dagum reported five rules are currently in the filing stage, with one rule hearing taking place today for ARNP Education Requirements for Licensure. Ms. Dagum reported the 1:2 Simulation rule became effective on October 24.

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

### **F. WABON Conference Evaluation**

Ms. Mauden reported the conference had 144 total attendees including staff and speakers, 9 information booths and offered 5.25 continuing education credits. Ms. Mauden further reported the evaluations are currently being analyzed as the report was received during the meeting, but overwhelmingly the response was extremely positive.

## VII. Subcommittee Report – DISCUSSION/ACTION

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

#### 1. Performance Measures

Dr. Gorski and Ms. Hamilton presented the advanced practice unit performance measures with a steady average of inquiries and open rates of bulletins.

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

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

**ACTION:** Ms. Guilford moved, with a second from the consistent standards of practice subcommittee, that WABON add a formal statement to the Prevention and Treatment of Opioid Overdoses Advisory Opinion and FAQs supporting naloxone distribution directly to high-risk patient in hospitals.

- A. The WABON add language to the current board Prevention and Treatment of Opioid Overdoses Advisory Opinion and FAQs supporting naloxone distribution directly to high-risk patient in hospitals.
- B. The WABON issue a new formal statement supporting naloxone distribution directly to high-risk patient in hospitals.
- C. The WABON issue a new, stand-alone advisory opinion supporting naloxone distribution directly to high-risk patients in hospitals.
- D. The WABON explore issuing a joint statement with the Pharmacy Commission on naloxone distribution directly to high-risk patients in hospitals.

### C. Discipline – Sharon Ness, Chair

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.

1. W35 Contact Terms and Conditions
2. W36 Case Management
3. W39 Professional Peer Support Groups
4. W45 Cease Practice Requirements
5. W46 Graduation

**ACTION:** Ms. Ness moved, with a second by the discipline subcommittee, to adopt revisions to WHPS procedures W35.03, W36.02, W39.02, W45.02, W46.03

## VII. Subcommittee Report – DISCUSSION/ACTION. Continued.

### D. Licensing – Dawn Morrell, Chair

1. Canadian English Language Benchmark for Nurses (CELBAN) passing scores.

WABON approved CELBAN as a provider for English proficiency exam at the September 13, 2024, Board meeting. Subcommittee recommends approval of CELBAN’s passing scores: Speaking CLB 8, Listening CLB 9, Reading CLB 8, Writing CLB 7.

**ACTION:** Mr. Garcia moved, with a second from the licensing subcommittee, to approve the passing scores for the CELBAN English proficiency exam.

### E. Research – Maikia Moua, Chair

Dr. Gorski and Ms. Hamilton presented research’s performance measures, Multistate License (MSL) [Workforce Dashboard](#), and student project updates.

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

## VIII. 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

Dr. Babbo reported the 1:2 simulation rule had gone into effect in October and thanked the education subcommittee and Ms. Dagum for their work. Dr. Babbo reported on the nurse administrator qualifications are in progress.

2. Community and Technical Colleges Nursing Program Capacity Plan

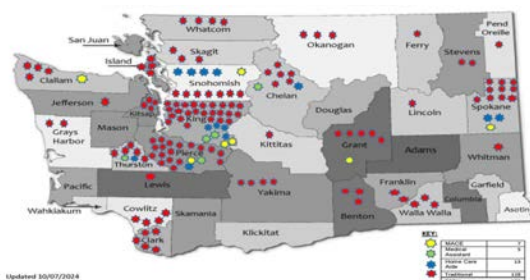
Dr. Babbo reported on the Community and Technical Colleges (CTC) Nursing Program Capacity plan to face the nursing shortage. The CTC Nursing Program Capacity Plan consists of two components, subject to interested parties’ review:

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.

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

1. Strategic Plan Updates

Mr. Argel and Ms. Esteban reported on approved nursing assistant program in Washington state.





**VIII. Education – Gerianne Babbo, Reuben Argel - DISCUSSION/ACTION. Continued.**

**A. Nursing Assistant – Reuben Argel, Alana Esteban. Continued.**

**2. WABON Legislative Report - ESSB 5582, Section 11 - 10.11.24**

Mr. Argel reported the legislative report is available for review in the packet. 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.

**3. Skills Testing Pilot Updates**

Mr. Argel and Ms. Esteban reported pass rate average over 82%, with the new certification skills pilot project is going forward with the support of 40 programs.

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

Ms. Emmett presented the 988 Suicide and Crisis Hotline, providing information to Washingtonians to understand the 988-crisis line that connects people to the National Suicide Prevention Lifeline (NSPL).

**X. Public Comment**

This time allows members of the public to present comments to the WABON. No public comments were made.

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

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). 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.

Nancy Lawton – ARNP United, in support but have concerns regarding use of the word current.

Several members of the public were signed up but did not provide testimony.

Written comment from Lousie Kaplan was presented, requested defining "current" in the rule.

**MOTION:** Dr. Tucker moved, with a second by Mr. Canary to adopt the proposed rule filed with the Washington State Register as WSR 24-20-129 on October 1, 2024. The motion passed.

Rules hearing concluded 1:36 PM



## **XII. Legislative Update – Anthony Partridge**

### **A. Legislative Panel**

Mr. Partridge presented the membership of the legislative panel: Quiana Daniels – chair, Kim Tucker, Yvonne Strader, Helen Myrick, and Tracy Rude. Meetings to take place on Wednesday's 4:00-5:00pm beginning January 8<sup>th</sup> thru April 30, 2025.

### **B. Statewide Legislative Priorities**

Mr. Partridge discussed 2025 round table discussions on legislative priorities including nursing assistant request legislation with a sponsor in the senate but are looking for a sponsor in the house.

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

Dr. Bradywood reported on progress in the development of a proposal for interventions on emerging mental health for healthcare providers. This proposal was requested by a legislator. The objectives are to improve access to mental health resources for all healthcare providers in Washington. 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. Promoting an inter-professional approach to foster stronger partnerships and a united front across disciplines to achieve better outcomes.

## **XIII. Meeting Evaluation**

Did the length of the packet meet your needs?

Strongly Agree 10/13 (77%)

Agree 2/13 (15%)

Neither Agree or Disagree 1/13 (8%)

Disagree 0/13 (0%)

Strongly Disagree 0/13 (0%)

Was the information and SBAR in the packet helpful?

Strongly Agree 9/12 (75%)

Agree 3/12 (25%)

Neither Agree or Disagree 0/12 (0%)

Disagree 0/12 (0%)

Strongly Disagree 0/12 (0%)

Did you feel like your voice was heard?

Strongly Agree 8/13 (62%)

Agree 3/13 (23%)

Neither Agree or Disagree 2/13 (15%)

Disagree 0/13 (0%)

Strongly Disagree 0/13 (0%)

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

Strongly Agree 10/13 (77%)

Agree 2/13 (15%)

Neither Agree or Disagree 1/13 (8%)

Disagree 0/13 (0%)

Strongly Disagree 0/13 (0%)

#### Comments

Kim Tucker - I really appreciate the noon education session. This is really important information to get to our schools of nursing. We are seeing a mental health crisis in higher education.

Ella Guilford - Lots of great progress and hard work displayed.

Maikia Moua - Loved the presentations today!

Sharon Ness - Great meeting

Heleena Hufnagel - I think it was a great meeting today, well organized as always, thank you to the DOH staff.

Quiana Daniels - Another great meeting!

#### **XIV. Closing 1:52 PM**



**Washington State Board of Nursing (WABON)  
Advanced Practice Subcommittee Meeting Minutes  
October 16, 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  
Bianca Reis, DNP, MBA, ARNP, PMHNP-BC

**Absent:** Jeffery Ramirez, Ph.D., PMHNP, CARN-AP, CNE, FNAP, FAANP, FAAN  
Aaron Eastman, DNP, CRNA, ARNP

**Staff Present:** Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research  
Heather Hamilton, Research Assistant  
Lohitvenkatesh Oswal, 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 to the attendees. The Advanced Practice Subcommittee members and support staff were introduced.

**II. Standing Agenda Items**

- Announcements/Hot Topic/WABON Business Meeting Updates
  - Heather Hamilton reviewed meeting access and links, if there any questions or technical issues attending meeting contact her.
- Review of Advanced Practice Draft Minutes: September 18, 2024
  - The subcommittee reviewed and approved the minutes to be brought to the board.

**III. Old Business**

- MarySue Gorski gave Workforce updates on the Midwife Workforce project and the WABON workforce data dashboards update on the website [Data Dashboards | Washington State Board of Nursing](#)

**IV. New Business**

- MarySue Gorski gave updates and the link to the ARNP Title Change information page [ARNP Title Change | Washington State Board of Nursing](#)
- Jessilyn Dagum gave an update on the Chapter 246-840 Rewrite. More information on rules in progress can be found here [Rules in Progress | Washington State Board of Nursing](#)
- MarySue Gorski and Heather Hamilton presented the final Performance Measures for the Advanced Practice unit within WABON.

**V. Ending Items**

- Public Comment was sought at 7:29p.m.
  - Louise Kaplan suggested moving some information to highlight important factors and language updates for the ARNP Title Change communication page.
- Date of Next Meeting – November 20, 2024
- Adjournment – The meeting adjourned at 7:34p.m.
- Attendance – 18
  - Public Members: 8
  - Subcommittee & Staff Members: 10

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**Washington State Board of Nursing  
Discipline Subcommittee Agenda – Revised  
October 15, 2024 **MINUTES**  
3:30 pm to 5:30 pm**

**Committee  
Members  
Present:**

**Sharon Ness, RN, Chair**  
Dawn Morrell, BSN, RN (Excused)  
**Quiana Daniels, GCertHealthSc, BS, RN, LPN**  
**Tiffany Randich, RN, Pro-Tem**  
Bliss Ali, RN, MN, ARNP, CNM, MPH (Absent)  
**Karen Joiner, MS, ARNP**  
**Michelle Dedeo DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRIN, Pro-Tem**  
Tracy Rude, LPN, Pro-Tem, ad hoc (absent)  
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**  
**Teresa Corrado, LPN, Complaint Intake Officer, ad hoc**  
**Renae Powell, Case Manager**  
**Holly Palmer, HSC**  
**Margaret Holm, JD, RN, ad hoc**  
**Alicia Payne, WHPS Case Manager**  
**Alison Bradywood, Executive Director**  
**Eunice Muriu, Nursing Consultant**

1. **3:34 pm opening – Sharon**
  - a. Call to Order – Digital Recording Announcement – Sharon read
  - b. Roll Call of Board Members and Staff - Done
  
2. **August 20, 2024 Minutes – Sharon**
  - a. In draft format until WABON approves at the business meeting on November 8, 2024
    - a. Ok to move forward to Business Meeting
  
3. **Performance Measures – October 2023-September 2024 – Catherine, Grant, Karl**
  - a. Investigations – Grant Presented
  - b. Legal – Karl Presented
  - c. WHPS – Grant Presented
  - d. SUDRP – Grant Presented
  
4. **Recap of the WABON Conference: Voice and Vision: The Possibilities – Attendees and panel members**
  - Alison - 130 attendees + staff – smaller numbers provided for some more intimate sharing. Historically was devoted to WHPS but has been expanded to include mental health; applying nursing skills broadly. Keynote speaker Donna Cardillo was focused on renaissance nursing. Heartmath: Coordinating body & mind to better modulate stress reactions. WHPS panel presentation highlighted the program and the support available through that program. Evaluations should be back in the next few weeks and that information will be shared at that time.
  
5. **Procedure Review – Catherine, Grant**
  - a. A21.09 Decision Making Criteria for License Applications
    - This is a staff procedure for Alison’s signature. The goal is to reduce the number of applications that CMT reviews. It’s a condensed version of an earlier procedure with a flow chart that we used before the compact went into effect. After we sent this out in the packet, Licensing came back with one edit we need to leave in the procedure: *III. When the applicant has answered “no” to any potential disqualifying question in the personal data section and staff find evidence that the conduct occurred, WABON licensing staff will send a deficiency email to the applicant requesting supporting documents for the conduct. These include copies of court documents, judgements, and the applicant’s statement of explanation. WABON licensing staff will then refer the application to CMT for a determination, considering if the conduct amounts to material misrepresentation.*
  - b. W35.03 Contract Terms and Conditions
    - I.B.2 The contract may be shortened from three to two years under a mild SUD diagnosis if the nurse can prove abstinence for at least one year before entering the program.
    - II.A.1 Added that the contract must contain language that says the nurse can no longer hold a multi-state license (because they are entering into the program).
    - II.A.9 Changed agreement to appear in person to appear before SUDRP.
    - II.B.2 Aligned work practice restriction language in the procedure with the actual contract and another procedure; specifically, that a worksite monitor must be identified to oversee practice.

- III.B Added that in addition to working successfully in healthcare for 12 months; to be on a transition contract, the nurse must also not be on medication restriction.
- III.F.6 Changed testing from 12-18 times per year to a minimum of 12 times per year. The point is to be intentionally vague.
- c. **W36.02 Case Management**
  - Updated language to reflect case managers doing their work.
  - Added mental health monitoring where appropriate.
  - I.E.11 Included monitoring interruptions on the list of monitoring activities.
  - I.F Added an appearance before SUDRP as a potential corrective action for contract non-compliance.
  - II. Added issues to bring to case staffing meetings, which aligns with practice: new participants, application of procedures, requests for monitoring interruptions, referrals to SUDRP, notices of required evaluation.
- d. **W38.02 Work Site Monitoring**
  - No substantive changes. Updated language from the original 2019 version. Intend to place this on the consent agenda unless the subcommittee says otherwise.
- e. **W39.02 Professional Peer Support Groups**
  - I.A.2 Added that a facilitator must have an unencumbered healthcare license, active or retired, in good standing for three years prior to application, or one year for a co-facilitator.
  - I.A.6 Changed willingness to work with nurses to healthcare professionals to accommodate WRAMP participants in peer support groups.
  - I.B Facilitators must submit reports on the first of the month.
  - II.C Added language about referral to SUDRP for non-compliance.
  - II.D. The assistant director may remove a facilitator for performance concerns.
  - Attached the latest version of the PSG facilitator agreement. (Jeff re-wrote this about a year ago.)
- f. **W45.02 Cease Practice Requirements**
  - Added the mental health component to the ability to practice safely.
  - II.A Specifically mentioned substance use non-compliance as a reason to remove a nurse from practice, and a requirement to follow all treatment recommendations before returning to practice.
  - II.B. Updated language to SUDRP. (needs “Referral corrected to “review”
- g. **W46.03 Graduation**
  - Updated language to reflect current terminology.
  - II.E.3 Added that WABON will remove the ‘yes’ indicator and associated documents for SUD-related discipline from the Provider Credential Search upon the nurse’s graduation from the program.

## 6. **Charging fines as part of disciplinary sanctions – Sharon**

- Other states have significant fines for some discipline issues as an attempt to recoup costs for investigations, etc.
- Tiffany – Supportive – could be a deterrent; potential source of income?
- Quiana – Agrees.
- Karen – Supportive; gives something more “punitive” – good to investigate the idea.
- Karl – The board has authority to levy up to \$5000 for disciplinary; up to \$1000 for cost recovery per statute. Fines go into revenue, while cost recovery goes into the budget and

must be used in the same fiscal year. It would be the thing that respondents would respond negatively and bargain down and then not pay it. At that point, have to decide to charge them with not complying with the order to collect a smaller amount than the cost of recouping the amount. After it goes to collection the amount received is pennies on the dollar. UDA says the paramount duty is to protect the public, and secondary correct the practitioner. Does not prohibit financial fines.

- Alison – has come up in terms of educational program approvals; having a cost with applications to cover some of the staff and board costs in the approval process. But the finances just don't shake out to make it worthwhile to do. Concerned about optics and philosophy of moving towards more punitive options. Could potentially shift the public perception negatively.
- Karen – Don't want to be known as punitive – but there are some cases that come before discipline that we could add something more to them; next step could be full breakdown of pros and cons to dig into this more deeply.
- Karl – option would be to add a fee to the renewal fee for the next renewal cycle; however, there is a nursing shortage to consider and we could lose a good nurse because of money issues.
- Catherine - ACTION ITEM – put on work plan and gather some data to bring back to the subcommittee for further discussion. Chris Archuleta (finance director) does not consider this as something that would impact the revenue stream.
- Alison – if the board is concerned about other ways to keep the public safe, we need to be open to discussion on those; for example, the work around the Nightingale schools; now that we are in the compact do we do things differently? It's worth re-evaluating.
- Karl – would be good to know how fees are collected; are the nurses' licenses taken if they are not paying? Do they have payment plans? What are the ramifications for failure to pay fines? Also consider income disparities.
- Alison – Does your inability to pay reflect what kind of nurse you are?

**7. Allowing students into WHPS – WAC 246-840-750 – Catherine, Grant**

- Philosophy governing voluntary substance use monitoring programs.
- The WAC currently reads that LPNs and RNs can be referred to WHPS.
- Would like to open the rule to specifically allow nursing students.
- We're missing a significant portion of the nursing population by not allowing students.
- WHPS plans to target nursing schools to familiarize students with our resources.
- Karen – this may have ramifications on the individual institutions because they will have their own policies, etc. Will require a significant cooperative situation with the schools.
- Karl – the Education unit would need to be involved in the conversation.
- Alicia – we have many nurses that have to do the refresher course to reinstate their license; some of them have difficulty doing their clinicals. At that point sometimes they have been in the program from 6-12 months. Some outreach and education with the schools would be beneficial to build that relationship to show that the nurses who are being monitored can continue their education safely.
- Grant – IF we get students in the program, they would be unknown to the board – they would be considered voluntary and couldn't release their participation to the board or the facility without and ROI.
- Alison adding this to CNEWS for input.
- Catherine – ACTION ITEM – add to work plan to investigate.



8. **Work Plan – Sharon, Catherine - Reviewed**
9. **Public Comment – Sharon**
  - a. No public comments
10. **Anything For the Good of the Order? – All**
  - a. No comments
11. **Adjournment 5:01pm**

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**WASHINGTON STATE BOARD OF NURSING**  
**Consistent Standards of Practice Subcommittee**  
**October 1, 2024**

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

**I. Opening**

- a. Ella called the meeting to Order at 12:00
- b. Ella read the Public Disclosure Statement
- c. Ella/Shana introduced members, staff and public members.
  - i. Gail McGaffick with VMFH
  - ii. Joe Kutch with WSHA
  - iii. Brittany Weiner with WSHA
  - iv. Jenica Sandall with WSHA
  - v. Amanda McCleskey
  - vi. Molly McClintock
  - vii. Sherri Stratton
  - viii. Gloria Brigham

**II. Standing Agenda Items**

- A. Announcements/Hot Topic/WABON Business Meeting Update
  - i. Presentations/Webinars: Washington State Board of Nursing Conference and projected attendance announced.
- B. Review of Draft Minutes – August 6, 2024

- i. Draft minutes reviewed and approved for the November 8 WABON business meeting. Draft minutes approved.

### III. Old Business

#### A. Quality Improvement/CSPSC's Prioritization Work Update – Shana

Ms. Johnny provided a more in-depth presentation that provided background, goals, data collection and tools used to collect CSPSC requests. Ms. Meyer added, we are looking at our initial analysis of the tool results. We want to ask the right questions about the tool we've built based on the results we're getting. As Shana said, we want to ensure the subcommittee's priorities are moving forward with the BON's agenda.

### IV. Ella presented the new business.

#### A. Support Letter request from Washington State Hospital Association (WSHA) WSHA to WABON for Distribution of Take-Home Naloxone for Post Partum Women – Jenica Sandall from WSHA introduced.

Jenica Sandall: Thank you for having us. I am joined here with my colleagues, Brittany, Weiner, and Nikki King. We're currently working with Naloxone for mental health issues, but we're deeply committed to continuing the long-term work for substance use.

We are collaborating in a pilot program with five Washington hospitals to increase Naloxone accessibility for post-partum women. We are seeking support from the board for Naloxone distribution as a harm reduction strategy under Washington's RCW 69.41.095. Currently, we give them a prescription to get Naloxone from the pharmacy; however, the fill rate is in the 1 to 2% range. We hope to get hospitals that want to do this as part of their inpatient work to be comfortable with the RCW supporting it. This will encourage hospitals to feel comfortable with the RCW supporting this initiative. A document enclosed in the CSPSC packet referencing the Louisiana Board of Nursing is an example support letter.

Alison asked Ms. Sandall to speak to the scope of practice barriers for hospital nurses.

Jenica: We attended WSHA, and they drafted a resolution concerning maternal mortality and substance use. We are also asking the Pharmacy Quality Commission for an FAQ addressing the pharmacy component.

Ella: Our advisory opinion on Naloxone only addresses nursing practice and says that anyone can administer and dispense Naloxone under the existing law addressing the statewide standing order.

Diana asked if there was a barrier to making the drug available for the nurses to discharge the patient?

Jenica: This is a significant barrier. We also face nurses who are not comfortable providing it from the inpatient setting. It's not typical for us to give someone medication that we're not administering.

Diana Meyer: One the hangups is the word dispensing. There's been this long history of conversation that only a pharmacist dispenses. The concern is, can we do this? I think we need a multi-pronged approach.

Alison Bradywood requested a shift in language away from the term's distribution or dispensing. The choice of words is important.

Seana Reichold asked if we could clarify the language used in the RCW regarding prescribing, dispensing, distributing, and delivering.

Alison Bradywood asked whether there is an order from a provider for the pharmacy to fill, and then for the nurse to dispense? Or are you referring to a standing order that is activated when specific criteria in the patient's history or clinical condition are met?

Jenica Sandall commented that it's like a flu shot. The nurses do the screening and if it's triggered, the standing order is ready to go.

Seana Reichold asks if they operate off the statewide standing order? Or is it facility based?

Seana Reichold suggests that we accept this proposal and explore potential solutions. We already have an advisory opinion, and we are currently assessing whether to add a completely new advisory opinion, or if another option would be more appropriate.

Deborah Carlson mentioned with COVID-19, the board issued a letter confirming available options. We could discuss proposed suggestions. We could also consider working on other suggestions, like FAQs and language in the existing advisory opinion, or at least provide support for it.

Alison Bradywood suggested we consider working with pharmacy and medicine to see if a joint statement would be possible.

Jenica Sandall: We're happy to partner on this work.

Ella Guilford responded and thanked everyone for bringing us that information. The committee will come back and let us know after reevaluating the advisory opinion that we already have. Okay?

#### B. LPN Apprenticeship Update – Marlin

Marlin Galiano updated on the LPN Apprenticeship pilot, which mandates the BON to work with L&I and the Workforce Training Board to develop a registered apprenticeship. The pilot, developed over two- and one-half years, aims to address long-term care nursing shortages. It involves a part-time program at Edmonds College, providing clinical and didactic education and requiring 150 clinical rotation hours at a long-term care facility and 2,000 work hours of on-the-job training.

- V. Public Comment – This time allows for members of the public to present comments to the subcommittee. For issues regarding disciplinary cases, call 360- 236-4713.

Quiana: I just wanted to say I fully support the use of Narcan for postpartum women. I had a C-section and was given a low dose of oxycodone and had a reaction to it. I needed two doses of Narcan to recover.

VI. Ending Items

- A. Ella presented Review of Actions
- B. Meeting Evaluation
- C. Date of Next Meeting – October 1, 2024

VII. Adjournment

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## WASHINGTON STATE BOARD OF NURSING

### Licensing Subcommittee Minutes

October 15, 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 **January 10, 2025**, 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 – Jacob Garcia, MBA, MSN, RN, PCCN Board Member

- **Roll Call**
- **Call to Order** - Board Member Jacob Garcia, Board Member Helen Myrick, 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 Garcia asked the committee if there were any topics or announcements to be discussed. None were brought forward.
- **Approve Minutes for August 20, 2024** - Board Member Myrick moved with a second from Board Member Strader to approve the minutes for the August 20, 2024, meeting.

#### III. Old Business

- **Nurse Licensure Compact Implementation Update** – Ms. Zawislak-Bielaski advised that there was really not much to update as we are still collecting data. She also shared that employers have been reaching out with questions regarding the PSOR – primary state of residence. There seems to be some confusion from other states as far as when to deactivate their multistate license. We have reached out to NCSBN for guidance and clarification. We are trying to make sure we are following the NLC rules in providing updates to the other boards when nurses are changing their PSOR to WA. Board member Garcia 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 the HELMS team is working on keeping the February go-live date for the HELMS release 2. We are currently testing, testing, and more testing as we move into November. Next month is when we will ramp up our staff internally, especially for the credential side. We will also be having testing for staff as well as training. Ms. Zawislak-Bielaski shared that we will be having in-office training for our staff in January to prepare for the February HELMS 2 release. She also added that they are working on discovery for the enforcement side. Ms. Zawislak-Bielaski asked the board if there were any questions. No questions were brought forward. Board member Garcia emphasized that we are trying to modernize our data management system to make it a bit more up to the 21<sup>st</sup> century and hopefully make it easier for tracking purposes. He also added that it will be easier for the end user, the nurses.

Board member Garcia shared highlights from the WABON 2024 Voices and Vision Conference before moving to the next order of business. Board member Garcia continued to add that it was a great conference and people were feeling inspired. He also commented that it was great to meet so many people that attended and we hope to continue providing these kinds of different conferences that will continue to inspire and help thinking about nursing differently.

#### IV. New Business

- **Governor’s Weekly Report** – Ms. Underwood provided an update on the Governor’s report. She shared that we have been consistent over the past few weeks with the processing time to issue a temporary permit at five days. In September, we received a total of one thousand, three hundred twenty-four new applications and of those, three hundred twenty-six were the multistate upgrade applications. Ms. Underwood also pointed out that we have received a bit more applications this year compared to September 2023. Last year in September, we received a total of one thousand, twenty-one new applications. Ms. Zawislak-Bielaski added that we are still seeing multistate applications and still getting questions regarding the multistate requirements. Board member Garcia asked if there were any questions regarding the report, none were brought forward.
- **Phase One of Chapter Rewrite Rules Project Update** – Ms. Dagum provided an update on our most recent projects, the rewrite of Chapter 246-840. She shared a power point slideshow that was presented at our September Board business meeting. She explained that the purpose of this project is for the board to meet the five-year formal review process for 16 rules requirement which is a requirement for all boards and commissions in accordance with our RCW 43-7 OO 41. But it also provides an opportunity for the board to assess our existing rules, to identify outdated or redundant sections, as well as rewrite and reformat those rules to reflect our current best practices. Ms. Dagum explained that this project will be accomplished in at least 4 phases, the first being the RN and LPN licensing and continuing competency rules. The second phase will then be dedicated to our advanced practice rules. Phase three is focused on nursing education programs and our nurse technician roles, and phase four will then be focused on practice standards and delegation. Ms. Dagum shared that each of

these phases will take about twelve to eighteen months for each package. She continued to share an overview of phase one.

In phase one, we will clear up the rules surrounding the RN and LPN licensing and competency requirements. We'll also explore how we can reduce barriers for multistate licensure applicants and applicants educated outside the United States. She continued to share that we will introduce a new WAC section for applicants who passed the NCLEX from another jurisdiction outside the United States, such as Canada or Australia. These rules currently are part of the endorsement WAC, we're looking to move it into its own new WAC. This will help to make it clearer for applicants. In addition to this, we will also explore limiting NCLEX attempts in order to address applicants using fraudulent diplomas and other concerns which were raised by Operation Nightengale.

Ms. Dagum asked if the committee had any questions so far. None were brought forward. Ms. Dagum continued to explain the next steps in phase one. In September's business meeting, the Board approved the Chapter rewrite project, and we have drafted the CR-101 and it is currently being reviewed and we anticipate having this filed either by end of this month or early November. We'll be able to provide a more detailed update at the November business meeting. Once the CR-101 is filed, we will move into the research part of this phase. We'll work with our subject matter experts and prepare for rule workshops.

- **Canadian English Language Benchmark Assessment for Nurses – Approval of Passing Scores** – Ms. Underwood explained to the committee that the Board approved CELBAN as a provider for applicants to use in obtaining their English proficiency exam requirements; however, we still needed the Board to approve the CELBAN passing scores. Ms. Underwood shared information provided by CELBAN where their scores were in comparison to others such as IELTS, OET, and TOEFL. Ms. Underwood asked the subcommittee if they would consider approving the CELBAN passing scores. Ms. Bayne provided guidance to the subcommittee to discuss and make a motion to present this to the full Board at the next business meeting. Board member Garcia asked for a motion to approve bringing CELBAN passing scores 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.
- **World Education Services (WES) – Education Evaluations Provider. Request for WABON approval** - Ms. Underwood explained to the committee that the World Education Services, WES had reached out to our office requesting approval from the Board to provide education evaluations to our applicants who need this requirement. Board member Garcia clarified with Ms. Bayne that no motion would be required as they were only discussing and referring this review of WES to the Education unit where NPAP would meet and make a determination.

## V. Ending Items

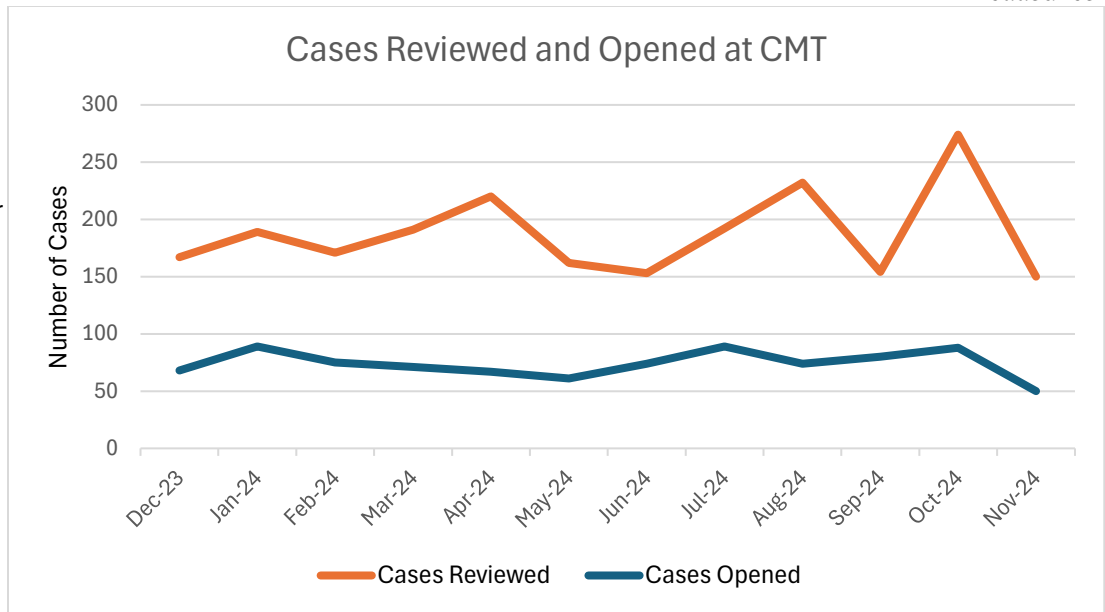
- **Public Comment** - None



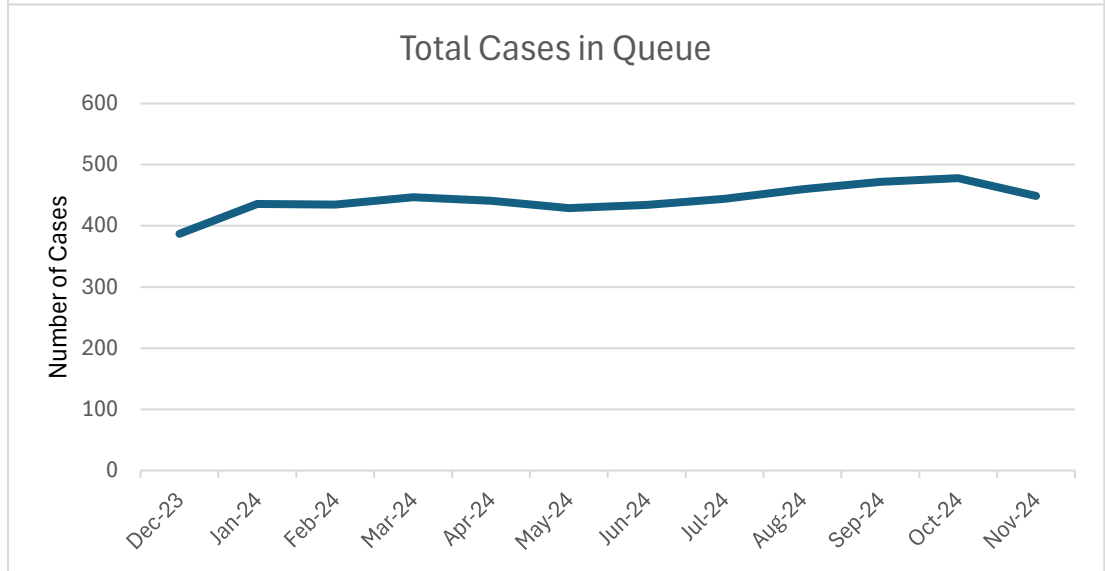
- **Review of Actions** - Board member Garcia reviewed actions. He confirmed that information about the Chapter rewrite was provided, a formal motion approving CELBAN's passing scores will be presented to the full Board at the next business meeting, and the committee will send to education unit for review of WES services.
- **Meeting Evaluation** - All
- **Date of Next Meeting** - December 17, 2024
- **Adjournment** 1:31 PM

# Investigations Performance Measures

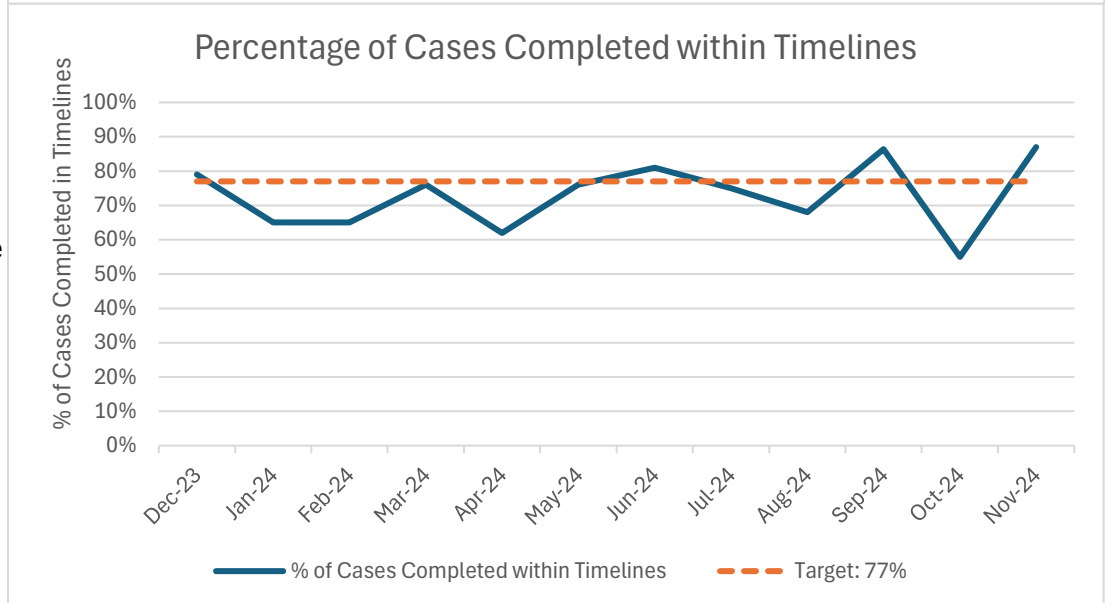
**Volume.** The number of cases reviewed and opened each month in the last 12 months by the Case Management Team.



**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%.

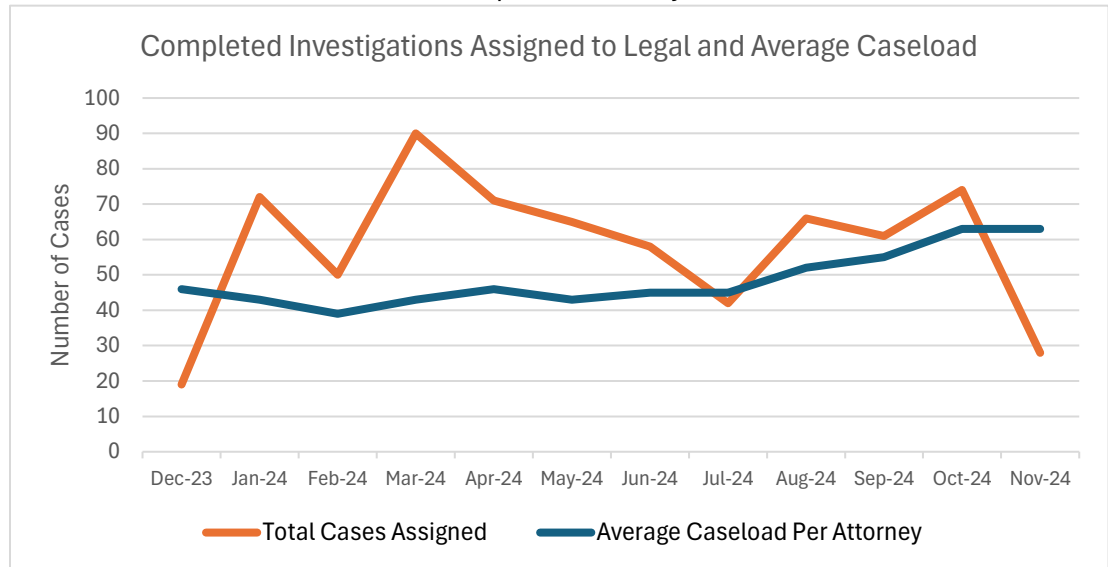


# Legal Unit Performance Measures

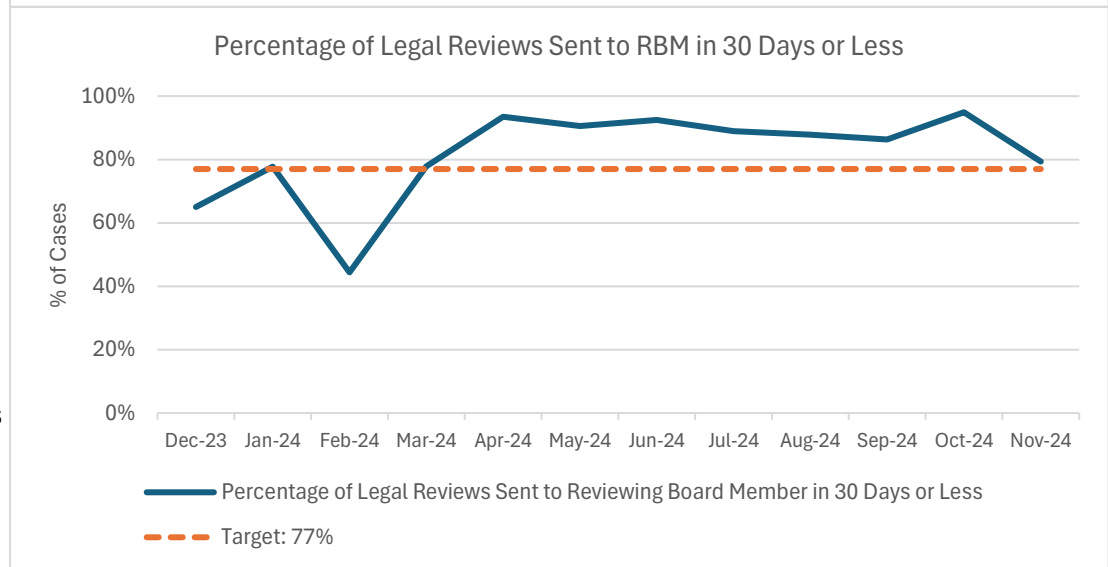


*These measures reflect discipline cases only.*

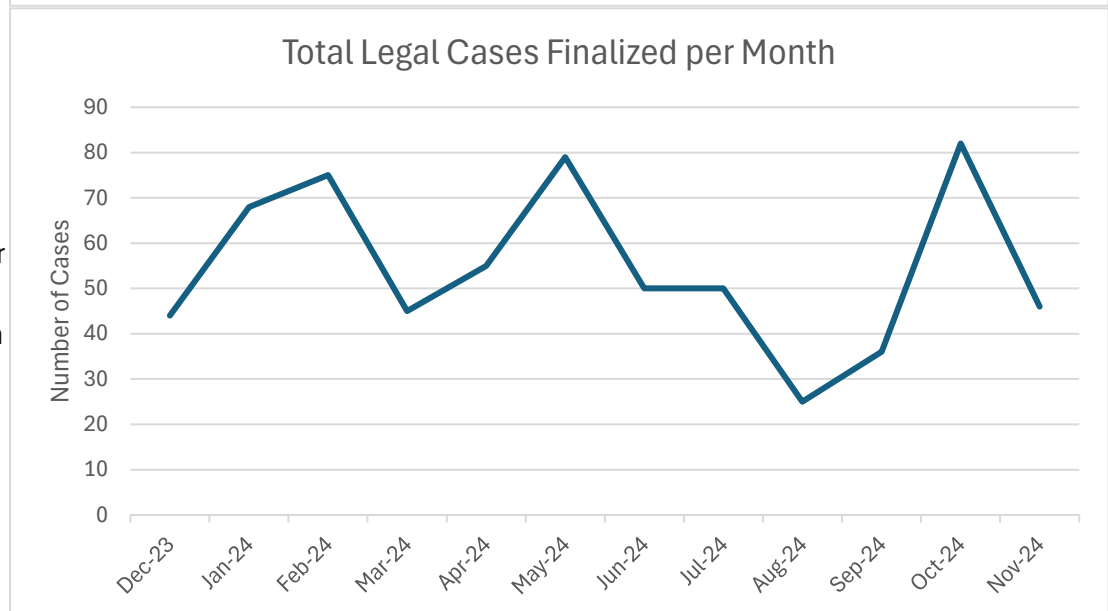
**Volume.** The total number of cases completed by investigations and assigned to legal and the average caseload per attorney each month. The goal is a flat average caseload to show similar amounts of cases opened and closed.



**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.

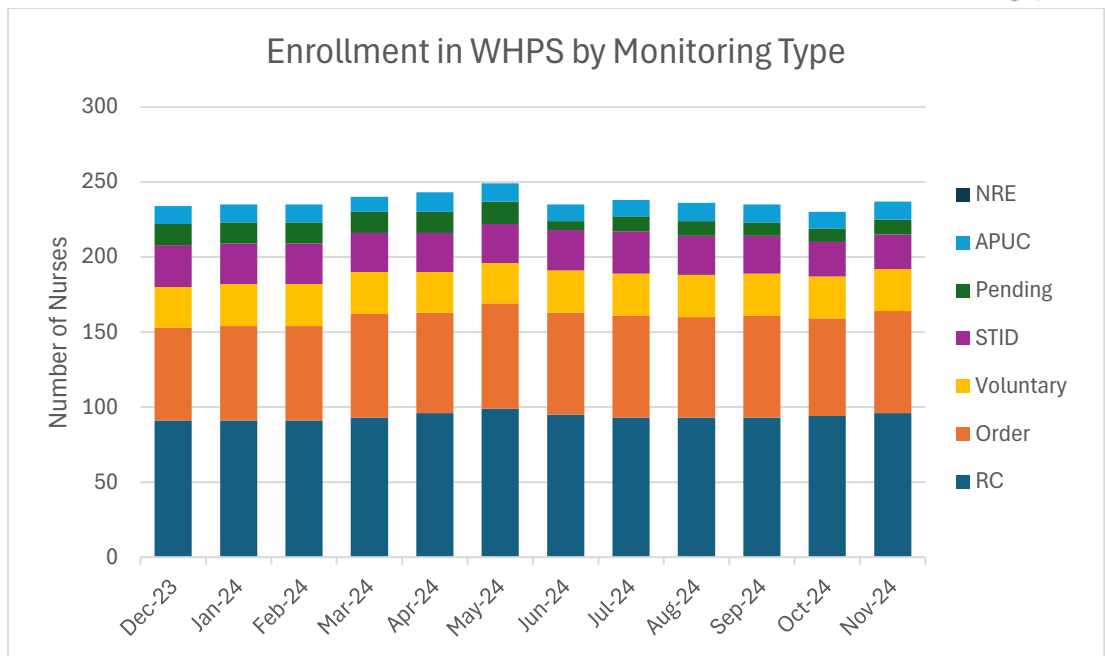


# WHPS and SUDRP Performance Measures



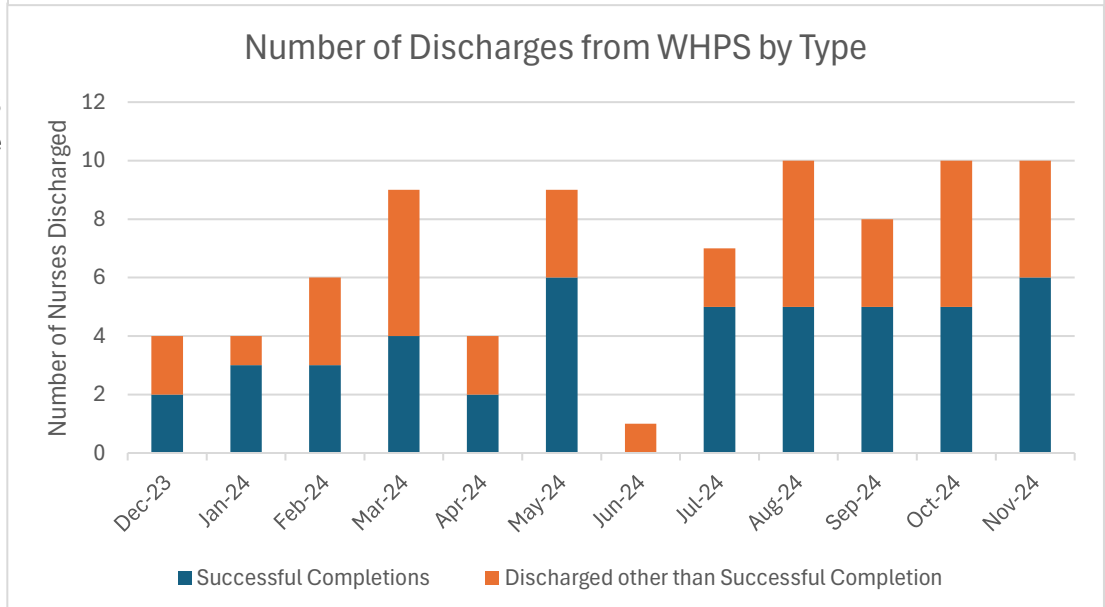
**Volume.** The number of nurses enrolled in WHPS by entry type. Entry types include:

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

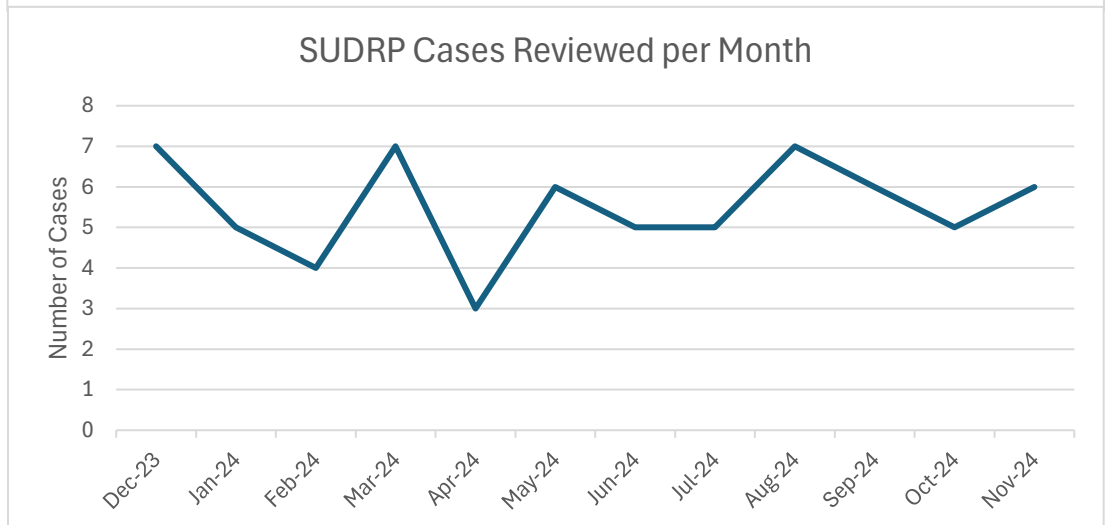


**Satisfaction.** Discharges from WHPS each month by the type of discharge it was. "Other" discharge reasons include:

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

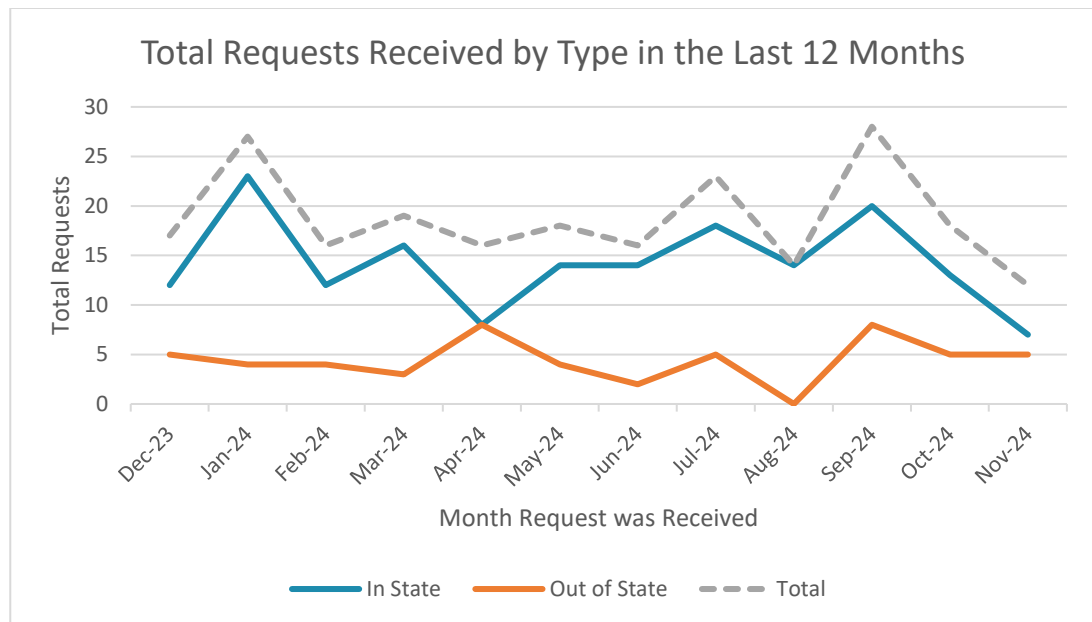


**Volume/ Satisfaction.** The number of SUDRP cases reviewed each month in the last 12 months. The goal of the program is to need to review no SUDRP cases.

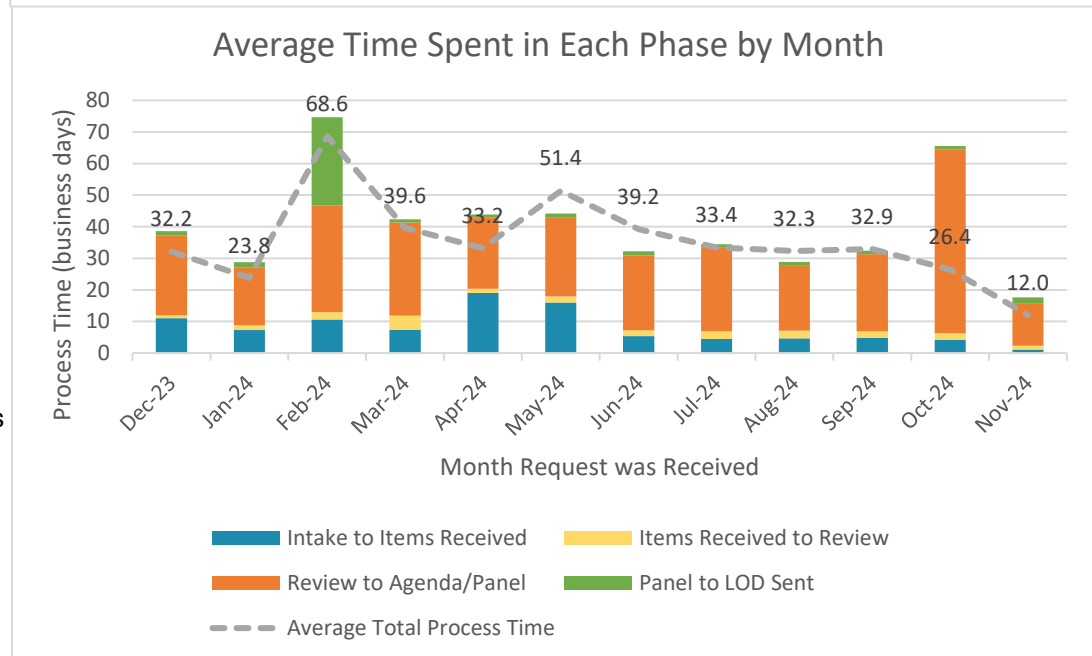


# Education Performance Measures

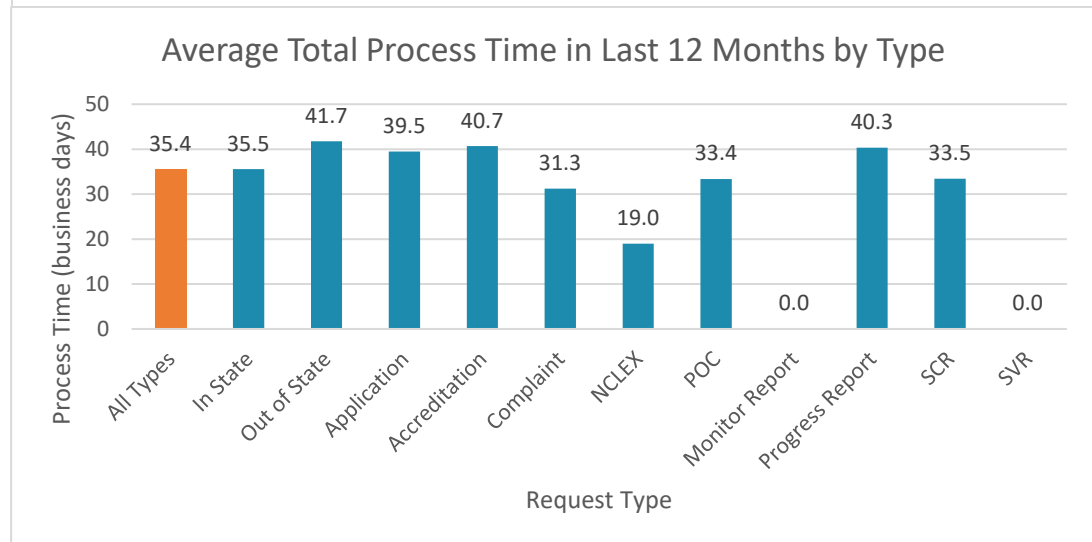
**Volume.** The total number of requests received in the education inbox by whether they were in state or out of state requests.



**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.



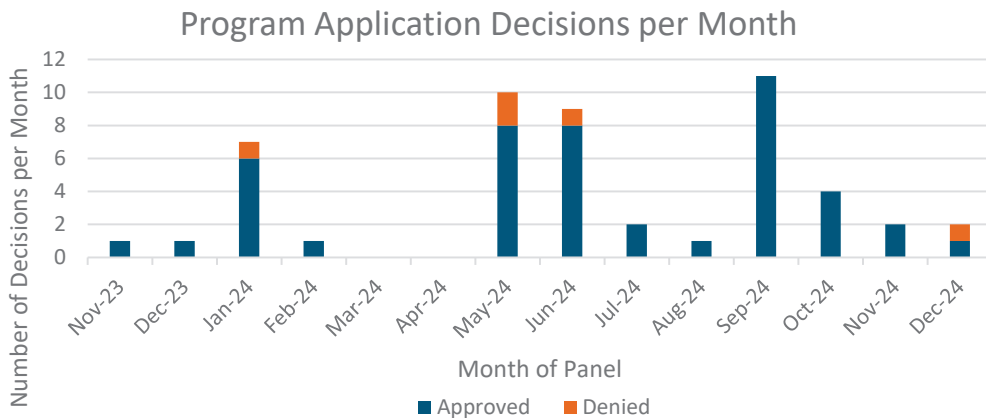
**Turnaround.** The average total process time that it took to process an education inbox request in the last 12 months by the type of request it was. The average time for all types is shown in orange.



# NPAP Summary Report

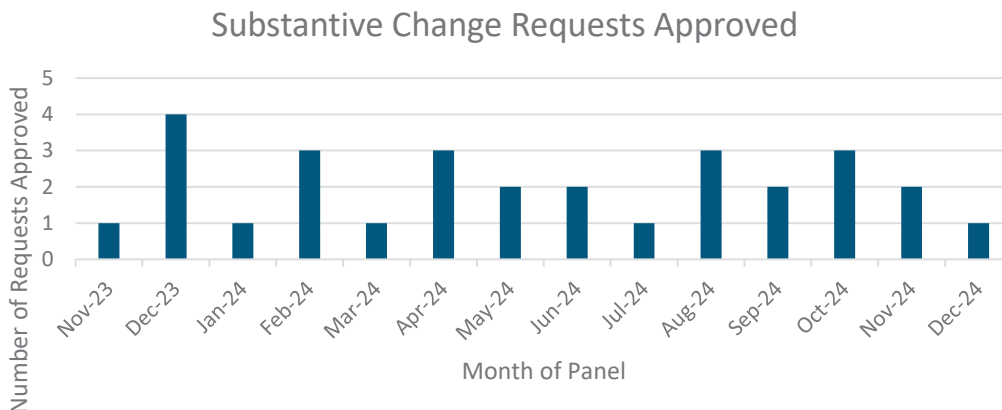
## Program Applications.

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.



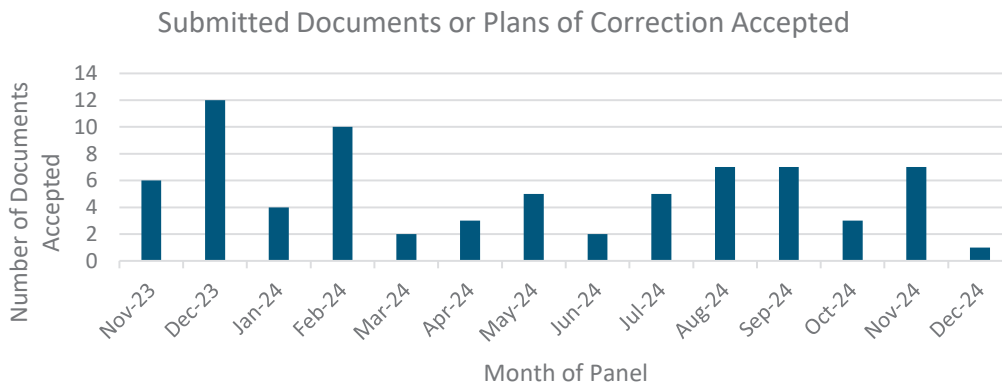
## Change Requests.

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



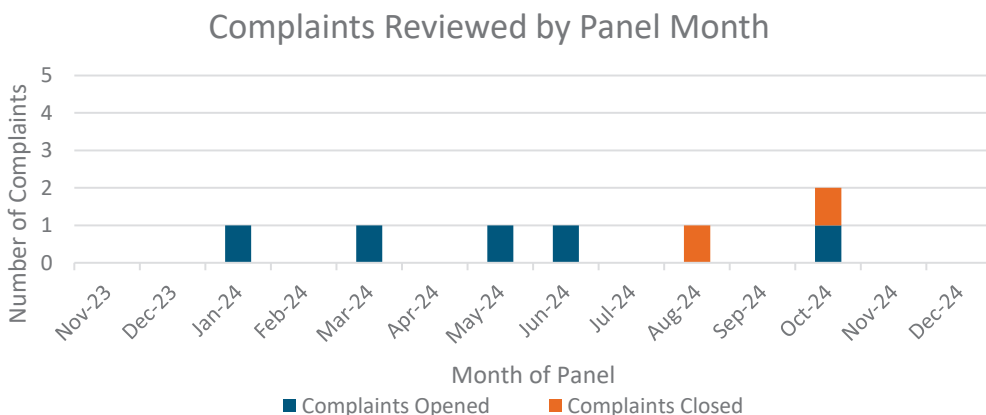
## Accepted Documents.

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.





## Letter FROM THE President

### POST-BOARD MEETING UPDATE

Dec. 19, 2024

Greetings Colleagues:

The Board of Directors (BOD) met in Chicago Dec. 10–11, 2024. As your president, I am writing to provide you with an update on the recent activities and key decisions made by the BOD. These decisions are essential to our mission of empowering and supporting nursing regulators in their mandate to protect the public. Your involvement and understanding of these decisions are important, and the BOD and NCSBN staff are dedicated and committed to achieving this mission with your support.

The BOD received staff reports on federal and state affairs. Since the October meeting, the Federal Affairs division has continued to work to promote the organization's policy priorities. With the election now complete and the transition of new leadership in the nation's capital, it is anticipated that the selection of chairs for committees and subcommittees will be impactful. The new executive branch of leadership will submit its list of appointments to executive branch agencies, which could potentially influence our policy priorities and agenda. As the BOD and NCSBN leadership determine priorities for 2025, the Federal Affairs team will formulate a policy agenda to work toward the organization's goals and continue to raise awareness of NCSBN as the voice for nursing regulation and workforce issues.

A report by the State Affairs division highlighted the work that continues to promote our three legislative campaigns, track legislation impactful to nursing regulation, strengthen our members' public policy knowledge and skills, and bolster and build relationships with key policy partners. The staff is communicating with relevant stakeholders and boards of nursing in states anticipating legislation related to the Nurse Licensure Compact and the APRN Compact. Through the Nursing America Campaign, the State Affairs team is involved in strategic planning for the 2025 legislative session with those states whose agenda is to advance the APRN Consensus Model and remove barriers to access to care.

NCSBN CEO Phil Dickison provided an update to the BOD of his key activities and strategic thinking goals and objectives. The BOD Retreat in late October was the initiation of the strategic thinking process to establish goals and objectives to move the organization forward. This strategic thinking process, unlike strategic planning, involves seeing and understanding the bigger picture of the organization, where it needs to go, and how it will get there. The BOD engaged in a strategic thinking session where they looked at NCSBN's mission, vision and values to ensure that they remain aligned with the organization's goals and reflect its future strategic direction. This process is designed to instill confidence in our future and the direction we are heading. Director of Marketing & Advocacy Michael Kotnaur also led board members in an exercise to develop a strategic statement that will serve as an internal document that will focus on objectives, define our scope and leverage our advantages. The BOD will continue to work through this process in the upcoming months.

At the December meeting, the BOD also considered comprehensive reports from the Research Division and Member Engagement. Additionally, the NCSBN Annual Environmental Scan draft, due for publication in the *Journal of Nursing Regulation* in January 2025, was reviewed. It provides a wealth of information that

## POST-BOARD MEETING UPDATE, CONTINUED

addresses the trends and current landscape of nursing and the associated regulatory implications. It is a resource tool that can assist regulators and benefit educators, employers, researchers and policymakers.

The BOD approved changes to the NCSBN Awards Program and Policy 2.6, NCSBN Member Recognition Program. These changes include the approval of two new awards categories. The Awards Committee and the Marketing department continue to partner to promote this program and recognize our members' excellence and significant achievements in nursing regulation.

Staff provided its annual Nursys® update. The report highlighted the observable trends in Nursys utilization across the various services, provided insight into licensure and discipline data, and delivered updates on major Nursys projects. Nursys and its services remain essential to the daily operations of nursing regulatory bodies.

The staff also presented the NCSBN Annual Data Security Report, which provided the BOD with a comprehensive review of information security activities. The report provided an accounting of activities, training, processes, and policies applied in response to and in anticipation of cybersecurity events.

One important solicitation remains from the Leadership Succession Committee (LSC) as they begin the campaign related to open positions on the BOD and the LSC. I implore all members to consider this leadership opportunity and the associated requirements, competencies and time commitment needed to support the work of NCSBN.

The staff at NCSBN is to be commended for their dedication and commitment to fulfilling the organization's mission. The organization is fortunate to have excellent staff with a variety of expertise to ensure daily operations run smoothly, ensure responsiveness and provide resources to member boards. The BOD expressed its gratitude for this work and got to know the leadership staff during a holiday dinner while in Chicago. Their hard work and dedication are truly appreciated and valued.

As another year draws to a close, most of you will be in the midst of preparations for this festive season. It is a special time of the year that gives many of us time to enjoy the company of family and friends. I hope this holiday season is exceptionally good and safe and that the new year brings you much health, happiness and prosperity.

Kindest Regards,

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

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

President

[pjohnson@msbn.ms.gov](mailto:pjohnson@msbn.ms.gov)

### Mission

NCSBN empowers and supports nursing regulators in their mandate to protect the public.

### Vision

Leading regulatory excellence worldwide.

### Values

Collaboration • Transparency • Innovation • Integrity • Excellence

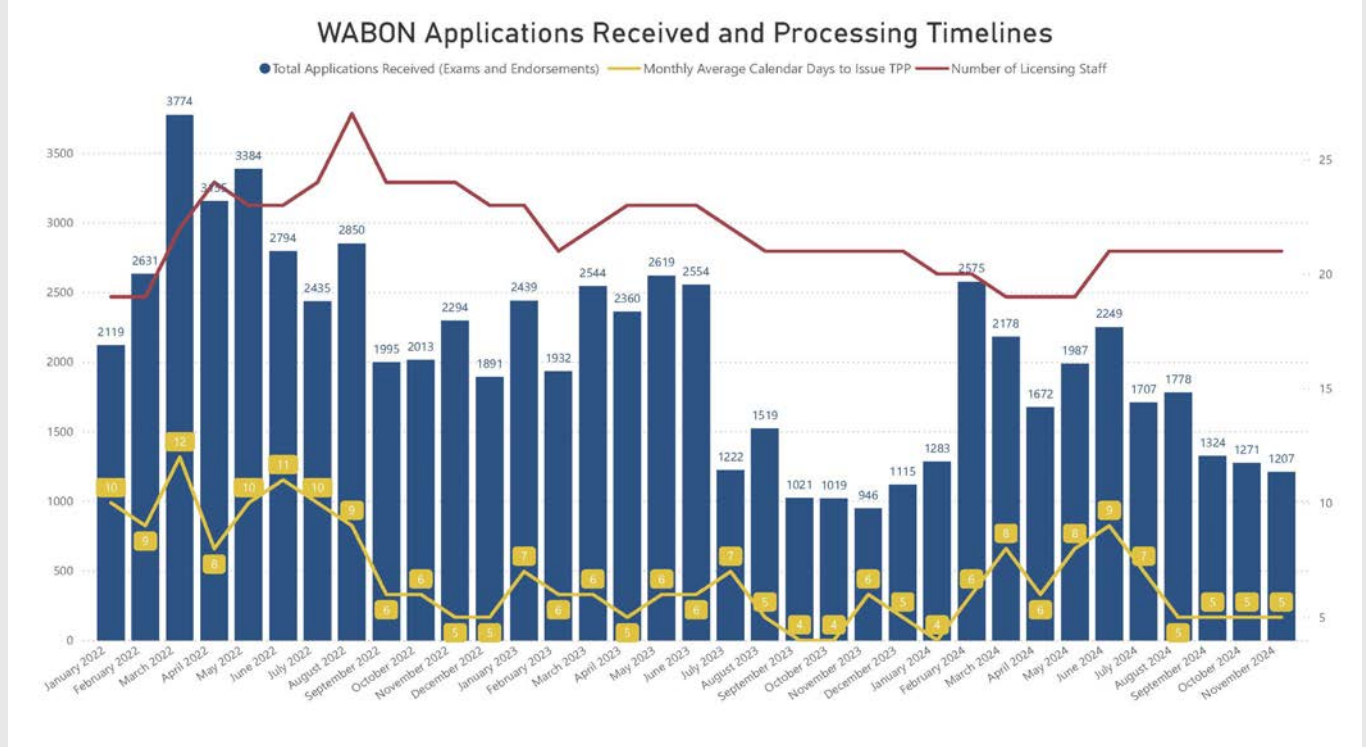


# Washington State Board of Nursing (WABON) Nurse Licensure Timelines

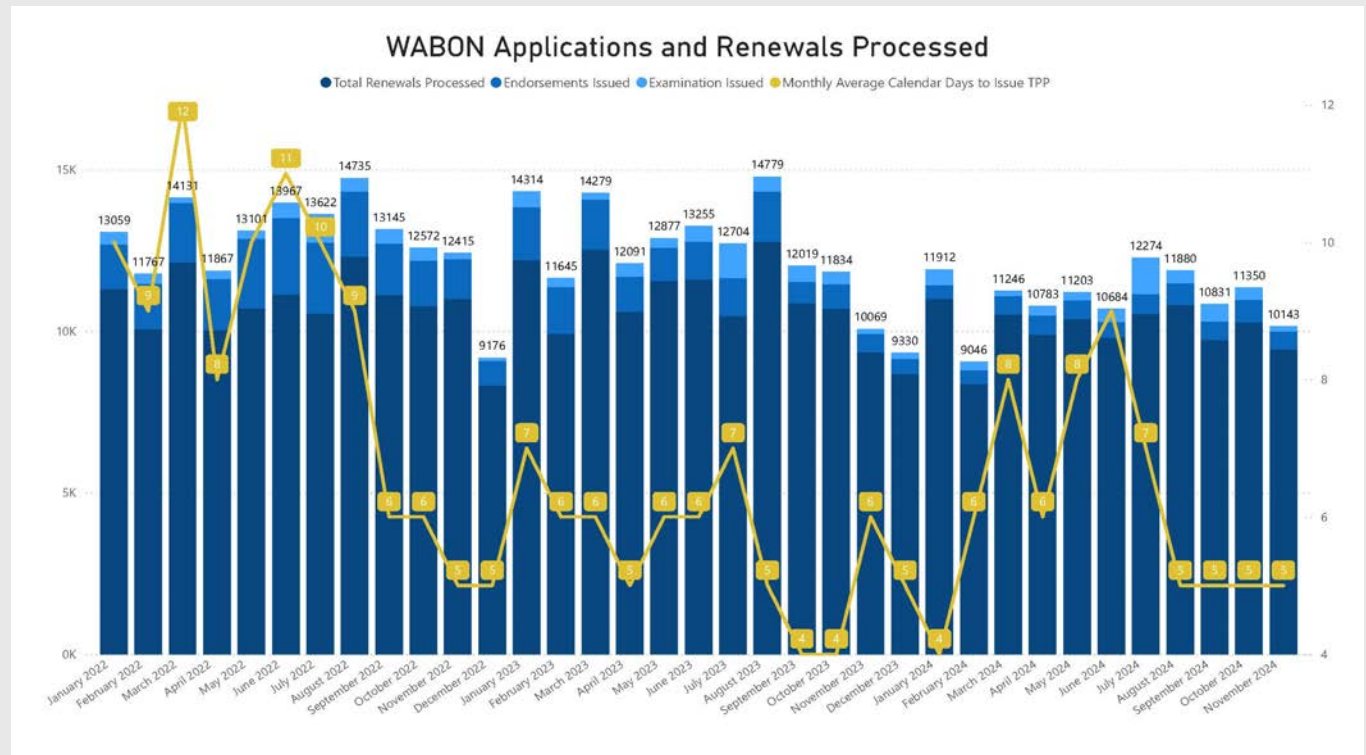
Update: Monday, December 2, 2024

For the month of November 2024, the current processing time to issue a complete temporary practice permit (TPP) was five days (including weekends and holidays). For the week of December 2, 2024, the current processing time to issue a temporary practice permit (TPP) remains at 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 1,207 new applications during November 2024. Of the applications received, 284 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 November 2024, the WABON issued a total of 789 new nursing licenses. In addition, 10,642 nursing renewals were completed.




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



**WCN/WABON CHECK IN Meeting  
November 12, 2024  
Minutes**

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

| Topics                          | Discussion  | Action Needed   |
|---------------------------------|---|---|
| Call to Order                   | 4:07 PM   |   |
| 1. WABON Board Meeting Outcomes | Alison shared the timeline with WABON's Business Meeting. Alison informed Sofia regarding the budget situation. There is an expected uptake in revenue with HELMS implementation. WABON is to be fiscal conservative in regard to open positions being held and less travel.  |   |
| 2. Update on facilitators       | <p>Timeline</p>  <p><b>2025 WABON/WCN Contract Timeline</b></p> <p>January: WABON Business Mtg; 12/30/24; 4 WCN Deliverables Due</p> <p>February: WABON Business Mtg; 3/29; 2 WCN Deliverables Due</p> <p>March: WABON Business Mtg; 06/30; 10 WCN Deliverables Due</p> <p>April: WABON Business Mtg</p> <p>May: WABON Business Mtg</p> <p>June: WABON Business Mtg</p> <p>July: WABON Business Mtg</p> <p>Joint Development of Contract 07/01/25 - 12/31/25</p> <p>WABON Decision on Contract Next Steps</p> <p>Budgeting:<br/>Alison shared AAG recommendations:<br/>1. WABON is currently at a budget low and must scrutinize all expenditures very closely, prioritizing line items that directly support licensing and public health.</p> | Sofia will discuss with Teresa at WCN what was spent previously |

|                        |  |  |
|------------------------|--|--|
|                        | <p>Alternatively, per RCW 18.79.202(3) reasonable grant administration costs are meant to be supported by surcharge funds. It is unclear at this point if this work would fall under that umbrella of reasonable grant administration costs, but it is something we will continue to understand, and we will be discussing our full budgetary picture with the board later this week.</p> <ol style="list-style-type: none"> <li>2. Per the categories described in RCW 18.79.202, it appears that WCN does have the ability to use the funds to support these activities if desired.</li> <li>3. There is a dispute clause in the contract that describes shared responsibility of financial expenses incurred. The question is whether the current areas that we have been discussing fit within this definition. If you feel like they do, there is a formal process to proceed.</li> </ol> <p>Frank and Sofia discussed the facilitators pricing ranges.</p> |  |
| 3. Facilitator Reviews | Frank and Sofia discussed the two facilitators who have provided a proposal.   |  |
| 4. Next Steps          | <p>Discuss timeline<br/>Find a date with WCN Board and WABON Board Member ~ November 22 already scheduled and recommended.</p> <p>Technical revisions to current contract – to be further discussed with the data team at WCN. Alison discussed her concerns with making changes and Sofia advocated with changes requested due to the data dashboard overlap and alternative data sources due to limited data from traditional sources.</p>   | <p>Frank to reach out to the facilitators to invite to November 22 for one hour.</p> <p>Bethany and Frank will verify when the adjusted contract was accepted.</p> |
| 5. Next Meeting        | November 22, 2024  |  |

Adjourned: 4:40 PM

## WCN/DOH/WABON CONTRACTS MEETING

November 22, 2024

### Attendees:

Alison Bradywood  
Bethany Mauden  
Dawn Morrell  
Jane Hopkins

Frank Kohel  
Jonnita Thompson  
Michelle James  
Sofia Aragon

Steven Simpkins  
Angelina Montoya

Called to order – 10:00 AM

1. Introductions

2. DOH Contract Process Panel with Alyce Bengé

Alyce gave an overview of contracting at the Department of Health and the RCW in consultation with the ATG.

Alyce explained the RCW and competitive procurement in relation to the funds. [RCW18.79.202: License fee surcharge](#)

WCN asked what the Department of Health's Role in relation to the Board of Nursing is – DOH assists in administrative roles with the Board through agency agreements such as a Joint Operating Agreement.

Sofia asked regards to similar the Washington Center for Nursing, grants and how is it managed within the DOH – Alyce responded that DOH has several grant awards from the legislature. Flexibility in how they can select the companies.

WCN asked what sole source contracting is – Alyce explained the state procurement authority set the guidelines and policy with how DOH can process in relation to RCW. Sole source would apply to the only type of organization that can do the work. It is very prescriptive process. The ATG has indicated that the [RCW 39.26](#) allows to competition as WCN is not considered a sole source in Washington State, however procurement has not been searched at this time. All contract renewals procurement reviews market conditions. [Sole Source Contracts - DES-140-00 | Department of Enterprise Services \(DES\)](#)

What is a Sole Source Contract?

"Sole Source" means a contractor providing goods or services of such a unique nature or sole availability at the location required that the contractor is clearly and justifiably the only practicable source to provide the goods or services ([RCW 39.26.010](#)).

Unique qualifications or services are those which are highly specialized or one-of-a-kind. Other factors which may be considered include past performance, cost-effectiveness (learning curve), and/or follow-up nature of the required goods and/or services. Past performance alone

does not provide adequate justification for a sole source contract. Time constraints may be considered as a contributing factor in a sole source justification, however, it will not be a sufficient justification on its own.

#### Why is a Sole Source Justification Required?

The State of Washington, by policy and law, believes competition is the best strategy to obtain the best value for the goods and services it purchases and to ensure that all interested vendors have a fair and transparent opportunity to sell goods and services to the state.

A sole source contract does not benefit from competition. Thus the state, through RCW 39.26.010, has determined it is important to evaluate whether the conditions, costs, and risks related to the proposal of a sole source contract truly outweigh forgoing the benefits of a competitive contract.

The Department of Health does not have the authority to enter into sole source contracts until and unless the Department of Enterprise Services (DES) approves. If the contract is funded with federal funds, the funding authority may also have to pre-approve the acquisition. The contract must be made available for public inspection on the agency website for 10 business days and DOH must give other vendors a chance to prove if they can provide the goods or services.

The state is a proponent of open process and in procurement reform towards transparency in procurement opportunities that is competitive. On determination of the Board, an RFP could be opened to do competitive or grant to another entity. Granting authority provides flexibility on how the funds are awarded per RCW.

Alison explained WABONs intention was toward remediation and facilitation with WCN to continue as a partner.

Adjourned for interviews. 11:00 AM.



**WCN/WABON CHECK IN Meeting  
December 19, 2024  
Minutes**

Present: Alison Bradywood, Bethany Mauden, Frank Kohel  
Not Present: Sofia Aragon

| Topics                                       | Discussion   | Action Needed   |
|--|--|---|
| Call to Order                                | 10:30 AM   |   |
| 1. WCN Deliverables                          | WCN is incorporating feedback from WABON, the deliverable drafts have been sent to the reviewers for their first look. | Frank intends to submit but the 30 <sup>th</sup> the final versions of the deliverables.<br><br>Alison will be reaching out with feedback on 8.1. |
| 2. December 3rd Memo on Performance Concerns |  | Sofia will be reaching out with a response.   |
| 3. Next Meeting                              |  | January 27, 2025 – Quarterly<br>January 30, 2025 - Monthly  |

Adjourned: 10:35 AM

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

|                        |  |                         |   |
|------------------------|--|-------------------------|---|
| <b>Title:</b>          | Travel Reservation Requests  | <b>Number:</b>          | J10.043                                     |
| <b>Reference:</b>      | <del>RCW 18.79.010 - Purpose;</del><br><del>NCQAC WABON Procedure</del> H03 – In and Out of State<br>Travel Approval   |                         |   |
| <b>Author:</b>         | Bethany Mauden<br><del>Administrative Assistant 4</del> <u>Program Specialist 3</u><br><del>Nursing Care Quality Assurance Commission</del> <u>Washington State Board of</u><br><u>Nursing</u> |                         |   |
| <b>Effective Date:</b> | January <del>13, 2023</del> <u>10, 2025</u>  | <b>Date for Review:</b> | January <del>13, 2025</del> <u>10, 2027</u> |
| <b>Supersedes:</b>     | <u>J10.03 – January 13, 2023</u><br><u>J10.02 – January 8, 2016</u><br><u>J10.01 – June 18, 2014</u>   |                         |   |

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**Approved:**

~~Yvonne Strader, RN, BSN. BSPA,~~ Dawn Morrell, BSN, RN  
Chair  
Washington State Board of Nursing (WABON)  
MHA  
Chair  
Nursing Care Quality Assurance Commission (NCQAC)

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**PURPOSE:**

This procedure outlines the steps required for ~~in and out of state~~ in-and-out of-state travel reservations for the ~~NCQAC WABON~~ Washington State Board of Nursing Board (B  
commissioners board) and staff. The policy places reasonable restrictions on travel requests to improve efficiency in coordinating and managing requests.

*Refer to ~~NCQAC WABON~~ Board procedure H03 In and Out of State Travel approval for information on the decision-making process for travel.*

**PROCEDURE:**

**A.1** ~~If the NCQAC WABON~~ **the Board** is paying for travel, requests for staff flights will be processed by ~~an Administrative Assistant 3 (AA3)~~ **Program Specialist 3 (PS3)** and

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emailed as a copy to the Executive Director's ~~Administrative Assistant 4 (AA4) administrative support Program Specialist 3 (PS3)~~ no less than six weeks prior to travel date. The ~~AA4 PS3~~ is responsible ~~to process~~ for processing travel requests for ~~NCQAC WABON Board Members and the Executive Director.~~

~~1-A.~~ Exceptions to this policy must be approved in advance by the Executive Director or their delegate and are made on a case-by-case basis.

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**B. II Travel requests must include the following:**

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~~1-A.~~ Preferred departure date and time

~~2-B.~~ Full name as it appears on official state identification or driver's license

~~3-C.~~ Full birth date

~~4-D.~~ Travel destination including details of personal travel if applicable

~~5-E.~~ Who is traveling when submitting a request for other or additional members

~~6-F.~~ Purpose of travel

~~7-G.~~ Vehicle rental (if required) is subject to approval.

~~a-1.~~ NCQAC WABON Board members requesting rental vehicles must have approval from the Executive Director or their delegate. Once received, the AA3/AA4PS3 makes vehicle rental reservations through the Enterprise Rental Car website. Upon receipt, the AA3/AA4PS3 will forward vehicle reservation itineraries to travelers. NCQAC WABON Board staff who would like to drive are to reserve a vehicle from the DOH motor pool. The use of personal vehicles for travel exceeding 50 miles one way is to be approved by a supervisor or EDE Executive Director prior to the travel date.

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~~8-H.~~ Preferred airline, seat preference if traveler is known to airline, and/or frequent flier numbers.

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~~a-1.~~ Airline and seat preferences are subject to ~~space~~ the space available and the state contract.

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~~9-I.~~ Preferred return date and time

~~10-J.~~ Specific event information (event brochure, event name, location, etc.)

~~11-K.~~ Registration for the event is to be confirmed prior to travel arrangements. The registration information is to be received at least six weeks prior to the registration deadline for the event.

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~~12-L.~~ Specific requests (e.g., flight numbers, flying in or out of another destination, additional guests, colleagues, etc.) are subject to availability, cost, and approval by Executive the Executive Director or their delegate and must be provided to the AA3/AA4PS3 at the time of the original request.

~~13-M.~~ Any changes must be received at least five business days prior to travel and must be approved by the Executive Director or his/her delegate.

**C. III. Travel reservation confirmations, changes, and cancellations:**

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A. AA3/AA4 PS3 responsibilities upon receiving a travel request:

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~~a-1.~~ Verify travel preapproval on the In or Out of State Travel log.

~~b-2.~~ Verify that registration for the event has been completed.

~~c-3.~~ Make ~~reservations~~ a reservation typically within two weeks (or ten business days) of the request with appropriate consideration for holidays, absences, business meetings, etc.

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- ~~d.4.~~ Send a confirmation email to the requestor that the reservation has been complete including travel details.
- B. If specific travel requests cannot be accommodated the [AA3/AA4PS3](#) will:
  - ~~a.1.~~ Confirm in the original request whether an alteration to the travel request is ~~permitted;permitted.~~
    - ~~i.a)~~ If so, change to “best” accommodate the travel ~~request;request.~~
    - ~~i.b)~~ If not, the [AA3/AA4PS3](#) will email the requestor to inform them of which ~~accommodationsaccommodation~~ cannot be met and provide an alternative. If the [AA3/AA4PS3](#) has not received a response within 2 business days, a travel alteration will be made.
- C. [AA3/AAPS34](#) will not cancel any reservation without prior approval from:
  - ~~a.1.~~ The requestor or
  - ~~b.2.~~ The Executive Director or their delegate
- D. **Traveler’s responsibilities** once the request has been submitted include:
  - ~~a.1.~~ Receipt of written approval for travel by ~~ED-Executive Director or their delegate.~~
  - ~~b.2.~~ Confirm the itinerary meets the traveler’s needs for the event.
  - ~~e.3.~~ Send a reminder to the [AA3/AA4PS3](#) if the itinerary is not received at least five days prior to travel.
  - ~~d.4.~~ Book hotel reservations within the [per diem rates](#) set by the State of Washington or according to room arrangements for the event.
  - ~~e.5.~~ Provide all required information (i.e., follow on travel dates, personal traveling, if alternate personnel are required, etc.)
- E. Responsibilities of the traveler in the event of changes to their original request are:
  1. Respond to [AA3/AA4PS3](#) inquiries regarding changes within two business days of the inquiry
  2. Keep change requests to a minimum and timely (no shorter than 10 business days prior to travel)
- F. Traveler’s responsibilities when submitting cancellation requests:
  - ~~a.1.~~ Submit cancellations within four business days (if possible) from travel date
  - ~~b.2.~~ Provide all required information (i.e., follow on travel dates, ~~personal personnel~~ traveling, if alternate personnel are required, etc.)
  - ~~e.3.~~ All cancellations will be submitted in writing via email

*Note: All personnel changes, travel dates and locations, vehicle rentals, etc., require the approval of the Executive Director or their delegate. Refer to [NCQAC WABONBoard](#) procedure H03 In and Out of State Travel approval for information on the decision-making process for travel.*

All approved state travel reservations are made by the [AA3/AA4PS3](#) through the Alaska EasyBiz or directly through the airlines and not via a third-party booking system (i.e., Expedia). Once the itinerary is received by the [AA3/AA4PS3](#), pertinent information is written into the [Airline Reservation \(AR\) BookSharePoint](#). ~~The book has carbon pages which are sent on a monthly basis to accounting for flight charge reconciliation with the traveler/program. On completion of the reservation, an image of the information written into the AR Book is sent to accounting. The SharePoint page is directly linked to ~~travel~~the travel desk staff at DOH and may be updated as needed for any flight information changes such as price or cancellation.~~

G.

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**IV. If The National Council of State Boards of Nursing (NCSBN) is paying for travel, the traveler will make reservations, allowing the traveler to address any potential alterations to their travel request at the time of the reservation.**

**D.**

- ~~1~~A. Reservations for NCSBN can be made using the information on the CALL TO MEETING document they provide, or
- ~~2~~B. By calling Direct Travel at 866-805-9145

**V. Additional travel requests beyond flight and rental vehicle specifics**

**E.**

- A. ~~NCQAC~~ ~~WABON~~Board support staff may provide the following information:
  - ~~a~~1. Arrival destination – Hotel – Conference venue (if different then hotel)
  - ~~b~~2. Hotel/Conference venue
  - ~~c~~3. Miscellaneous
    - ~~i~~a) Taxi/shuttle
    - ~~ii~~b) Conference/meeting agendas
    - ~~iii~~c) Meal venues

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

III.G.2 W41.02  
Short Term  
Analgesic Use  
FINAL DRAFT No  
Mark Up

|                        |   |                         |                  |
|------------------------|---|-------------------------|------------------|
| <b>Title:</b>          | Short-Term Analgesic Use  | <b>Number:</b>          | W41.02           |
| <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="#">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 <a href="#">WAC 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<br>Director, Discipline and Washington Health Professional Services<br>Washington State Board of Nursing (WABON)  |                         |                  |
| <b>Effective Date:</b> | January 10, 2025  | <b>Date for Review:</b> | January 10, 2027 |
| <b>Supersedes:</b>     | W41.01<br>W10.01  |                         |                  |
| <b>Approved:</b>       | Dawn Morrell, BSN, RN<br>Chair<br>Washington State Board of Nursing (WABON)   |                         |                  |

## **PURPOSE:**

To support appropriate pain management for nurses with short-term needs for narcotic analgesics. Acute pain may occur in those with substance use disorders because of trauma, surgery, etc. Therefore, Washington Health Professional Services (WHPS) supports appropriate pain management for nurses.

## **PROCEDURE:**

- I. Nurse Responsibility to Report
  - A. The nurse will notify WHPS and their work site monitor (WSM) immediately if a healthcare provider has or will be prescribing narcotic analgesic medication.
  - B. The prescriber must fax a completed Prescription Information Form to WHPS.
  - C. The nurse will immediately cease practice.
  
- II. WHPS Responsibilities
  - A. Review the Prescription Information Form, including the reason for the medication prescription, frequency and dose, specific date and time of anticipated last dose, and prescriber's name and contact information.
  - B. Direct the nurse to call WHPS to report when they have taken their last prescribed dose. Verify with the nurse that they have taken all doses and no medication remains. If any medication remains, WHPS will direct the nurse to return the medication to the prescriber or appropriate take-back location.
  - C. Contact the WSM to confirm that the nurse is not practicing direct patient care while taking the medication. Inform the WSM that the nurse may resume direct patient care practice 24 hours after taking the last dose, if the employer and WHPS approve their return to work.
  - D. Schedule a drug test (standard panel + EtG) at least 72 hours after last dose. Most analgesics take at least 72 hours to clear from the body. WHPS may adjust the testing window depending on the medication.
  - E. Remind the WSM to be vigilant for any signs of impairment.

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

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|               |                            |                |        |
|---------------|----------------------------|----------------|--------|
| <b>Title:</b> | Unauthorized Substance Use | <b>Number:</b> | W44.03 |
|---------------|----------------------------|----------------|--------|

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|                   |   |  |  |
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| <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="#">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> |  |  |
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| <b>Contact:</b> | Catherine Woodard<br>Director, Discipline and Washington Health Professional Services<br>Washington State Board of Nursing (WABON) |  |  |
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| <b>Effective Date:</b> | January 10, 2025 | <b>Date for Review:</b> | January 10, 2027 |
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| <b>Supersedes:</b> | W44.02 – November 4, 2022<br>W44.01 - March 8, 2019<br>W11.01 - January 8, 2016 |  |  |
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| <b>Approved:</b> | Dawn Morrell, BSN, RN<br>Chair<br>Washington State Board of Nursing (WABON) |  |  |
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**PURPOSE:**

For public protection and the purposes of monitoring, the National Council of State Boards of Nursing *Substance Use Disorder in Nursing* (2011) defines relapse as “any unauthorized use or abuse of alcohol, medications or mind-altering substances. Patient safety is jeopardized if a relapse

is not identified early. Consistent monitoring and immediate identification of relapse is critical as it puts the nurse's health in immediate jeopardy and may be fatal." (Page 216)

## **PROCEDURE:**

- I. If a nurse uses an unauthorized substance, the nurse will:
  - A. Immediately report the unauthorized substance use to Washington Health Professional Services (WHPS), the Peer Support Group (PSG), and the work site monitor (WSM).
  - B. Immediately cease practice.
  - C. Complete an observed drug test at the direction of the WHPS case manager.
  - D. Schedule a substance use disorder (SUD) evaluation according to *Procedure W34 Substance Use Evaluation and Treatment Services*. The nurse must schedule the SUD evaluation within two days.
  - E. Begin the recommended level of treatment as soon as possible.
  - F. Not return to practice until the treatment counselor and WHPS determine the nurse is safe to practice.
  
- II. WHPS will:
  - A. Verify with the WSM that the nurse has ceased practice.
  - B. Review all instances of unauthorized substance use at case staffing meeting.
  - C. Assess each case individually according to relapse behavior. WHPS will consider:
    1. Number of unauthorized substance use incidents.
    2. Return to prior use pattern.
    3. Little or no program contact.
    4. Program participation type.
    5. Use within the context of active practice.
    6. Program non-compliance history.
    7. Current SUD evaluation.
  - D. Refer any unauthorized substance use that occurs after the first 90 days of program participation to the Substance Use Disorder Review Panel (SUDRP) within 30 days of receiving the confirmatory test results. (*Refer to Procedure A20, Substance Abuse Orders.*) WHPS may not consider unauthorized substance use during the first 90 days as relapse due to a lack of period of abstinence or significant recovery time. The report to SUDRP will include the following information and documentation:
    1. Evaluation summary with diagnosis and treatment recommendations from the nurse's healthcare provider.
    2. Positive drug or alcohol screen, including positive tests reported from sources outside WHPS, with Medical Review Officer (MRO) review if applicable.
    3. Complete significant non-compliance history.
    4. Synopsis of program history.
    5. Current monitoring contract.
    6. Incident report.
    7. WHPS recommendation.
  - E. In the interest of public safety, cases that involve, but are not limited to, workplace diversion, patient harm, or illegal activity (e.g., medication resale) may necessitate restarting contract lengths and terms.

- III. Amended Program Participation Contracts (*See Procedure W35 Terms and Conditions of Contract Compliance.*)
  - A. When an SUD evaluation results in an elevated diagnosis, WHPS and/or SUDRP will adjust contract terms and conditions accordingly.
  - B. The nurse has ten working days to return the amended contract. If the nurse fails to return the contract or chooses not to accept the contract, WHPS will refer the nurse to SUDRP and may discharge the nurse from the program.

## Advisory Opinion: Telehealth Advanced Practice Nursing Care Services

### Purpose

The Washington State Board of Nursing (WABON) provides guidance for ARNPs in Telehealth.

### Background

Telehealth includes the delivery of advanced practice nursing services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the nurse, for the purpose of diagnosis, consultation, or treatment.

An ARNP using telehealth to care for a patient located in Washington must be licensed to practice nursing in Washington. This includes practitioners who treat or prescribe to Washington patients through online service sites. Regardless of the setting, telehealth does not expand the scope of practice of an ARNP.

ARNPs using telehealth to deliver care will be held to the same standard of care as practitioners engaging in more traditional in-person care delivery, including the requirement to meet all technical, clinical, confidentiality and ethical standards required by law [WAC 246-840-700](#). Some elements of the standard of care as applied to telehealth include:

1. An ARNP should obtain and document appropriate informed consent for telehealth encounters to include the credentials of the practitioner.
2. An appropriate history and evaluation of the patient must precede the rendering of any care, including provision of prescriptions. Not all patient situations will be appropriate



for telehealth. Evaluating the adequacy and significance of any surrogate examination remains the responsibility of the telehealth practitioner.

3. ARNPs providing telehealth services must document the encounter appropriately and completely so that the record clearly, concisely and accurately reflects what occurred during the encounter ([WAC 246-840-700](#)).
4. Prescribing medications, whether in person or via telehealth, is at the professional discretion of the ARNP. The ARNP must have appropriate licensure to prescribe medications. Telehealth prescriptions entail the same professional accountability as prescriptions incident to an in-person contact.
5. Especially careful consideration should apply before prescribing controlled substances as defined in [Chapter 69.50 RCW](#), and compliance with all laws and regulations pertaining to such prescriptions is expected ([21 U.S.C. 829\(e\)](#)).
6. The ARNP should recognize that the legal risks performing telehealth services may be higher because of the risk of error. The ARNP should consider what they are trying to accomplish based on the individual/patient health care needs, safety, and within their scope of practice. It is up to the ARNP, using nursing judgment, to determine which patients and services are appropriate using telehealth services.
7. The ARNP must ensure that the technological means used to conduct telehealth services complies with state and federal privacy laws (see [HIPAA and Telehealth | HHS.gov](#)).

## Laws and Rules

The nursing statutes and regulations do not reference the delivery of telehealth nursing services. This advisory opinion is intended as a broad statement on telehealth and is not meant to encompass all practice settings and related laws and rules.

The terms “telehealth” and “telemedicine” are often used interchangeably to refer to the use of digital technology to deliver health care. The nursing laws and rules currently do not define these terms. There are many definitions used in laws and rules, by the public, institutions, professional organizations, regulatory bodies, and others to define these terms. Examples include:

1. [RCW 43.70.495 Telemedicine Training for Health Care Professionals](#)
2. [RCW 70.41.020 Hospital Licensing and Regulation - Definitions \(Telemedicine\)](#)
3. [RCW 41.05.700: Reimbursement of health care services provided through telemedicine or store and forward technology—Audio-only telemedicine](#)
4. [RCW 48.43.735 Reimbursement of Health Care Services Provided through Telemedicine or Store and Forward Technology](#)
5. [RCW 74.09.325: Reimbursement of a health care service provided through telemedicine or store and forward technology—Audio-only telemedicine](#)
6. [Chapter 18.134 RCW: Uniform Telehealth Act](#)
7. [WAC 182-531-1730 Health Care Authority Physician-Related Services](#)
8. [WAC 246-335-610 Hospice Definitions \(Telehealth and Telemedicine\)](#)
9. [WAC 246-915-187 Physical Therapists and Physical Therapy Assistants Definition \(Telehealth\)](#)

## Nurse Licensure

The person practicing as an ARNP must have the appropriate Washington State license/credential to provide telehealth services to individuals/patients located in Washington. The ARNP providing telehealth services to an individual/patient located in another state or country must check with that state or country to determine if they need a license or credential in that state or country. [RCW 18.79.240](#) defines exceptions that might apply. [Chapter 70.15 RCW](#) allows exceptions in emergencies for practitioners registered with the Department of Health ([Healthcare Providers Emergency Volunteers Practice Act Information and Resources](#)).

[RCW 43.70.117 Health Care Professionals Licensed in another state or United States Territory or the District of Columbia - In-State Practice on a Limited Basis - Requirements - Limitations](#) allows in-state practice on a limited voluntary (uncompensated) basis up to thirty days per calendar year.

## Telemedicine Training Requirement

On or after January 1, 2021, [RCW 43.70.495](#) requires any licensed, registered or certified health care provider (excluding physicians or osteopathic physicians) to take approved telemedicine training if they are performing these functions. [RCW 70.41.020](#) defines “telemedicine” as: “the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. "Telemedicine" includes audio-only telemedicine, but does not include facsimile or email.”

The training must include information on current state and federal law, liability, informed consent, and other criteria outlined by the [Washington State Telehealth Collaborative](#). Alternative training offered by an employer continuing education courses or training developed by a health care professional board or commission must include similar components of the [Telemedicine Training developed by the Washington State Telehealth Collaborative](#). For more information on the Washington State Telehealth Collaborative, see [RCW 28b.20.830](#).

The ARNP must sign and retain an attestation of completion but does not need to send this to the WABON unless requested.

## Discipline

The Board may investigate and take disciplinary action against a practitioner under its jurisdiction who treats a resident of Washington via telehealth and fails to meet the required standard of care. An out-of-state practitioner is also subject to action by the Department of Health for the unlicensed practice of a profession under [RCW 18.130.190](#).

## Reimbursement for services

The WABON does not have authority regarding reimbursement. The ARNP should contact the insurance provider, Centers for Medicare, Medicaid Services (CMS), or the Health Care Authority (HCA) for reimbursement questions.

For more information, see:

1. [RCW 41.05.700: Reimbursement of health care services provided through telemedicine or store and forward technology—Audio-only telemedicine](#)
2. [RCW 48.43.735 Reimbursement of Health Care Services Provided through Telemedicine or Store and Forward Technology](#)
3. [RCW 74.09.325: Reimbursement of a health care service provided through telemedicine or store and forward technology—Audio-only telemedicine](#)

## Statement of Scope

The ARNP may provide telehealth services within their legal and individual scope of practice ([RCW 18.79](#) and [WAC 246-840](#)), recognizing that the care delivered will be held to the same standard of care as practitioners engaging in more traditional in-person care delivery, including the requirement to meet all technical, clinical, confidentiality and ethical standards required by law.

The ARNP performing telehealth nursing services must have the required education and training to ensure competency related to its use to deliver nursing care and must comply with the state and federal laws, rules and standards of practice. Telehealth nursing services does not expand the scope of ARNP practice or change the scope. The ARNP is responsible and accountable for the quality of nursing care using telehealth nursing services to clients, just like face-to-face care. The ARNP must use nursing judgment to consider whether using telehealth services is safe for the patient.

## Requirements and Recommendations

The Washington State Board of Nursing (WABON) concludes that the advanced registered nurse practitioner (ARNP) may perform telehealth services, in settings appropriate for telehealth care, within their legal and individual scope of practice. The ARNP must have a Washington State license/credential to provide telehealth services to individuals/patients located in Washington. The ARNP providing telehealth services to an individual/patient located in another state or country must comply with licensing and practice requirements of the state in which the patient is located.

## References and Resources

### References

1. Fathi, J, Modin, H, Scott, J. (2017). Nurses Advancing Telehealth Services in the Era of Reform, OJIN  
<http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TabelleofContents/Vol-22-2017/No2-May-2017/Nurses-Advancing-Telehealth-Services.html>
2. American Health Information Management Association. (2017). American Health Information Management Association. Retrieved September 17, 2020, from <https://healthsectorcouncil.org/wp-content/uploads/2018/08/AHIMA-Telemedicine-Toolkit.pdf>
3. Washington State Telehealth Collaborative. (2020). Retrieved September 18, 2020, <https://www.wsha.org/policy-advocacy/issues/telemedicine/washington-state-telemedicine-collaborative/>
4. Der-Martirosian, C., Griffin, A. R., Chu, K., & Dobalian, A. (2018). Telehealth at the US Department of Veterans Affairs after Hurricane Sandy - Claudia Der-Martirosian, Anne R Griffin, Karen Chu, Aram Dobalian, 2019. Retrieved May 7, 2020, from <https://pubmed.ncbi.nlm.nih.gov/29384428/>
5. National Council of State Boards of Nursing (2014). The NCSBN Position Paper on Telehealth Nursing Practice, interview Jill Winters, Retrieved May 7, 2020, from <https://www.ncsbn.org/3847.htm>

6. Tri-Council for Nursing. (2017). The Essential Role of the Registered Nurse and Integration of Community Health Workers into Community Team-Based Care. Retrieved January 10, 2017, from <https://tricouncilfornursing.org/publications-%26-resources>
7. US Department of Health and Human Services (2020). HIPAA FAQs for Professionals. Retrieved May 11, 2020, from <https://www.hhs.gov/hipaa/for-professionals/faq/index.html>.
8. Washington State Nurses Association [WSNA], (2018) Retrieved September 22, 2020, from <https://www.wsna.org/news/2018/frequently-asked-questions-about-telehealth>

## Other Statutes and Rules

1. American Association of Nurse Practitioners. <https://www.aanp.org/legislation-regulation/federal-legislation/medicare/68-articles/326-medicare-update>
2. Cannabis authorization. <https://app.leg.wa.gov/rcw/default.aspx?cite=69.51A.030>
3. Department of Health. (2018). Definitions-In Home Services-Hospice. Retrieved May 7, 2020, from <https://app.leg.wa.gov/wac/default.aspx?cite=246-335-610>
4. Reimbursement – Audio-only telemedicine. [RCW 41.05.700](#), [RCW 48.43.735](#), [RCW 74.09.325](#)
5. Telemedicine law. <https://app.leg.wa.gov/RCW/default.aspx?cite=18.71&full=true>
6. Uniform Telehealth Act. [Chapter 18.134 RCW](#)
7. US Code of Federal Regulations. (2018). Healthcare Practitioners Practicing via Telehealth. Retrieved September 17, 2020, from [https://www.govregs.com/regulations/title38 chapter1 part17 subjgrp207 section17.417](https://www.govregs.com/regulations/title38%20chapter1%20part17%20subjgrp207%20section17.417)
8. Washington Health Care Authority (HCA) <https://apps.leg.wa.gov/wac/default.aspx?cite=182-531-1730>

## Guidelines

1. Advanced Registered Nurse Practitioner Professional Associations. <https://www.doh.wa.gov/portals/1/Documents/6000/ARNPLinks.pdf>
2. AMD Telemedicine Services (2014). School-Based Telemedicine Webinar Question and Answer Summary. Retrieved September 16, 2020, from <https://www.amdtelemedicine.com/wp-content/uploads/2020/08/School-BasedTelemedicineWebinarQASessionSummary.pdf>

3. American Academy of Ambulatory Care Nursing. <https://www.aaacn.org/professional-development/telehealth-nursing-practice>
4. American Telemedicine Association. Practice Guidelines & Resources. (2018). <https://www.americantelemed.org/resource/learning-development/>
5. Center for Medicaid and Medicare Services. <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/>
6. Health Services Resource Administration (2020). Telehealth Programs. Retrieved September 16, 2020, from <http://www.hrsa.gov/rural-health/telehealth>
7. Telehealth Guidebook <https://www.dshs.wa.gov/sites/default/files/BHSIA/FMHS/DSHSTelehealthGuidebook.pdf>
8. Veterans Affairs. <https://telehealth.va.gov/>
9. Washington State Nurses Association. Risk Management statement. <https://www.wsna.org/news/2018/telemedicine-risk-management-issues-strategies-and-resources>

## Policy Resources

1. Washington State Department of Health. Telehealth. <https://doh.wa.gov/public-health-provider-resources/telehealth>
2. Center for Connected Health Policy. <https://www.cchpca.org/>
3. National Consortium of Telehealth Resource Centers. <https://www.telehealthresourcecenter.org/>
4. National Telehealth Technology Assessment Resource Center. <https://telehealthtechnology.org/>
5. NCSBN position statement. <https://www.ncsbn.org/papers/the-ncsbn-position-paper-on-telehealth-nursing-practice>
6. Washington Medical Commission. Telemedicine Policy Statement. <https://wmc.wa.gov/sites/default/files/public/Telemedicine%20policy%2011%2019%2021.pdf>
7. All HHS press releases, fact sheets and other news materials are available at <https://www.hhs.gov/news>

## Other Resources

1. [RCW 18.79 Nursing Care](#)
2. [WAC 246-840 Practical and Registered Nursing](#)
3. [Support for Practicing Nurses | WABON](#)
4. [Practice Guidance | WABON](#)
5. [Practice Information | WABON](#)
6. [Interactive Scope of Practice Decision Tree](#)

DRAFT



## Appendix A - Glossary of telehealth and telemedicine definitions in Washington state law

### Health Care Authority definition of telemedicine

The Health Care Authority describes telemedicine as “the delivery of health care services using interactive audio and video technology, permitting real-time communication between the client at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. Telemedicine includes audio-only telemedicine, but does not include the following services:

- (i) Email and facsimile transmissions;
- (ii) Installation or maintenance of any telecommunication devices or systems;
- (iii) Purchase, rental, or repair of telemedicine equipment; and
- (iv) Incidental services or communications that are not billed separately, such as communicating laboratory results.” ([WAC 182-501-0300](#))

### Home Health Services definition of telemedicine

For home health services, telemedicine means the use of telemonitoring to enhance the delivery of certain home health skilled nursing services by collecting clinical data and data transmission between patients at a distant location and the home health provider through electronic processing technologies. Objective clinical data that may be transmitted includes, but is not limited to, weight, blood pressure, pulse, respiration, blood glucose, and pulse oximetry; and education related to health care services using audio, video, or data communication instead of a face-to-face visit.” ([WAC 182-551-2010](#)).

## 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



STATE OF WASHINGTON  
— OFFICE OF GOVERNOR JAY INSLEE —

**DIRECTIVE OF THE GOVERNOR**

**24-19**

Date: December 2, 2024  
To: Executive and Small Cabinet Agency Directors  
From: Governor Jay Inslee  
Subject: Freeze on Hiring, Services Contracts, Goods and Equipment Purchases, and Travel

Because the latest revenue forecasts show the cost and need for services are increasing faster than revenue, the state is facing a significant operating budget deficit.

Effective December 2, 2024, for all agencies under my direction and control, I am directing a freeze on the following: (1) hiring not related to public safety or other non-discretionary activities as listed below, (2) execution of non-essential services contracts, (3) discretionary purchasing of goods and equipment, and (4) travel.

Exempt from the freeze is hiring to fill vacancies in critical areas. Also, services contracts, goods and equipment purchases, and travel that are necessary to continue critical services or agency operations are exempt from the freeze.

Agencies shall comply with instructions issued by the Office of Financial Management (OFM) regarding this directive. All questions related to this directive should be directed to OFM.

**Hiring**

The hiring freeze does not apply to positions that:

- directly impact public safety,
- are essential to the health and welfare activities of state government,
- generate revenue, or
- are required to meet statutory mandates or federal requirements.

While implementing this order, agencies shall comply with the appropriate collective bargaining agreement provisions.

**Services contracts**

The freeze on services contracts does not include contracts, contract amendments, or other agreements:

- costing less than \$10,000,
- related to the protection of life or public safety,
- tax collection or other revenue-generating activities,
- those funded exclusively from private or federal funding sources, or
- approved information technology projects.

### **Goods and equipment purchases**

The freeze on goods and equipment purchases does not apply to equipment:

- costing less than \$10,000,
- necessary to protect life or public safety,
- necessary to carry out the core functions of the agency, or
- funded by private or federal grants.

### **Travel**

The freeze on travel does not apply to the following:

- essential to the responsibilities of a position,
- necessary to protect life or public safety,
- tax collection or other revenue-generating activities, or
- funded by private or federal grants.

### **Guidance to other agencies**

I recognize the practical difficulties of implementing this directive to maintain the financial health of the state. I call upon non-cabinet agencies, higher education institutions, boards and commissions, and other separately elected officials to impose similar restrictions within their agencies and jurisdictions.

While this is a difficult endeavor, I ask each agency to participate and use common sense, good judgment, and creativity to accomplish the ultimate goal of this directive to capture immediate savings through spending reductions not related to the public safety and essential health and welfare of Washingtonians.

This directive will remain in effect until rescinded.

**NURSING BUDGET STATUS REPORT – November 2024****2023-2025 BIENNIUM:**

This report covers the period of July 1, 2023, through November 30, 2024, seventeen months into the biennium, with seven months remaining. The WABON budget is underspent by about 15% or just over \$4.1M and the current revenue balance is **(\$330K)**.

**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 **6%**, or just over **\$1.4M** 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 7.3% and 20.7% respectively. As WABON is now operating with a negative fund balance, leadership is evaluating all options to offset the revenue deficit, including eliminating unnecessary spending and exploring reductions in staffing and/or reductions in FTE percentages. Current vacant positions will remain open and will not be filled.

**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 November 30, 2024

| EXPENDITURES TYPES                                 | BIENNIAL BUDGET      | ALLOT BTD thru FM15  | EXP BTD thru FM15    | 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)                                       | 81.45                | 79.35                | 82.12                | 86.23               | 84.97               | 86.23               | 83.98               | 80.16                    | 82.40                | -2.24               | 102.80%         |
| Staff Salaries & Benefits                          | 21,796,288           | 13,426,796           | 12,339,169           | 943,240             | 867,936             | 943,240             | 863,977             | 15,313,276               | 14,071,082           | \$ 1,242,194        | 91.89%          |
| Commission Salaries                                | 611,112              | 381,864              | 334,727              | 25,472              | 24,891              | 25,472              | 22,111              | 432,808                  | 381,728              | \$ 51,080           | 88.20%          |
| Goods & Services                                   | 890,310              | 584,485              | 383,980              | 33,904              | 18,285              | 33,894              | 21,165              | 652,283                  | 500,898              | \$ 151,385          | 76.79%          |
| Rent   | 1,059,195            | 643,252              | 323,578              | 46,893              | 20,656              | 46,893              | 22,289              | 737,038                  | 366,523              | \$ 370,515          | 49.73%          |
| Attorney General (AG)                              | 1,705,439            | 1,072,739            | 817,719              | 70,300              | 65,436              | 70,300              | 68,058              | 1,213,339                | 873,746              | \$ 339,593          | 72.01%          |
| Travel   | 140,664              | 87,555               | 82,085               | 5,901               | 6,481               | 5,901               | 6,375               | 99,357                   | 94,941               | \$ 4,416            | 95.56%          |
| Equipment  | 154,134              | 154,134              | 124,203              | 0                   | 1,527               | 0                   | 7,675               | 154,134                  | 133,404              | \$ 20,730           | 86.55%          |
| IT Support & Software Licenses                     | 496,238              | 296,273              | 282,676              | 22,544              | 869                 | 22,544              | 19,231              | 341,361                  | 302,776              | \$ 38,585           | 88.70%          |
| <b>TOTAL DIRECT</b>                                | <b>\$ 26,853,380</b> | <b>\$ 16,647,098</b> | <b>\$ 14,688,137</b> | <b>\$ 1,148,254</b> | <b>\$ 1,006,080</b> | <b>\$ 1,148,244</b> | <b>\$ 1,030,881</b> | <b>\$ 18,943,596</b>     | <b>\$ 16,725,099</b> | <b>\$ 2,218,497</b> | <b>88.29%</b>   |
| <b>SERVICE UNITS:</b>                              |                      |                      |                      |                     |                     |                     |                     |                          |                      |                     |                 |
| FBI Background Checks (TA090)                      | \$ 767,864           | \$ 582,208           | \$ 556,831           | \$ 38,367           | \$ 31,111           | \$ 33,432           | \$ 33,365           | \$ 654,007               | \$ 621,307           | \$ 32,700           | 95.00%          |
| Office of Professional Standards (TA020)           | \$ 571,764           | \$ 353,910           | \$ 184,177           | \$ 24,032           | \$ 47,055           | \$ 24,032           | \$ 15,201           | \$ 401,974               | \$ 246,434           | \$ 155,540          | 61.31%          |
| Adjudication Clerk (TA010)                         | \$ 346,400           | \$ 214,599           | \$ 78,237            | \$ 14,601           | \$ 2,824            | \$ 14,601           | \$ 2,907            | \$ 243,801               | \$ 83,969            | \$ 159,832          | 34.44%          |
| HP Investigations (TA040, 070, 100)                | \$ 81,092            | \$ 56,137            | \$ 27,526            | \$ 3,832            | \$ 2,529            | \$ 3,756            | \$ 2,058            | \$ 63,725                | \$ 32,114            | \$ 31,611           | 50.39%          |
| Legal Services (TA140, 150, 210)                   | \$ 44,864            | \$ 34,608            | \$ 21,653            | \$ 2,320            | \$ 5,897            | \$ 2,320            | \$ (514)            | \$ 39,248                | \$ 27,036            | \$ 12,212           | 68.88%          |
| Call Center (TA030)                                | \$ 58,038            | \$ 38,983            | \$ 42,835            | \$ 2,555            | \$ 2,809            | \$ 2,555            | \$ 2,856            | \$ 44,093                | \$ 48,499            | \$ (4,406)          | 109.99%         |
| Public Disclosure (TA180)                          | \$ 504,940           | \$ 306,187           | \$ 219,592           | \$ 21,920           | \$ 23,223           | \$ 21,920           | \$ 20,206           | \$ 350,027               | \$ 263,021           | \$ 87,006           | 75.14%          |
| Revenue Reconciliation (TA200)                     | \$ 126,343           | \$ 93,994            | \$ 106,178           | \$ 6,365            | \$ 8,479            | \$ 6,365            | \$ 173              | \$ 106,724               | \$ 114,831           | \$ (8,107)          | 107.60%         |
| Online Healthcare Provider Lic - Staff (TA130)     | \$ 507,012           | \$ 314,600           | \$ 242,483           | \$ 21,379           | \$ 8,127            | \$ 21,379           | \$ 8,715            | \$ 357,358               | \$ 259,325           | \$ 98,033           | 72.57%          |
| 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            | \$ 19,158            | \$ -                 | \$ 1,307            | \$ -                | \$ 1,307            | \$ -                | \$ 21,772                | \$ -                 | \$ 21,772           | 0.00%           |
| <b>TOTAL SERVICE UNITS</b>                         | <b>\$ 3,328,978</b>  | <b>\$ 2,157,234</b>  | <b>\$ 1,550,938</b>  | <b>\$ 136,678</b>   | <b>\$ 132,054</b>   | <b>\$ 131,667</b>   | <b>\$ 84,967</b>    | <b>\$ 2,425,579</b>      | <b>\$ 1,767,960</b>  | <b>\$ 657,619</b>   | <b>72.89%</b>   |
| <b>INDIRECT CHARGES:</b>                           |                      |                      |                      |                     |                     |                     |                     |                          |                      |                     |                 |
| Agency Indirects (16.9%)                           | \$ 5,071,253         | \$ 3,153,227         | \$ 2,501,455         | \$ 216,626          | \$ 175,837          | \$ 215,777          | \$ 172,957          | \$ 3,585,629             | \$ 2,850,248         | \$ 735,381          | 79.49%          |
| HSQA Division Indirects (11.3%)                    | \$ 3,389,052         | \$ 2,106,878         | \$ 1,645,019         | \$ 144,812          | \$ 115,672          | \$ 144,245          | \$ 113,817          | \$ 2,395,936             | \$ 1,874,507         | \$ 521,429          | 78.24%          |
| <b>TOTAL INDIRECTS (28.2%)</b>                     | <b>\$ 8,460,306</b>  | <b>\$ 5,260,105</b>  | <b>\$ 4,146,474</b>  | <b>\$ 361,438</b>   | <b>\$ 291,508</b>   | <b>\$ 360,022</b>   | <b>\$ 286,773</b>   | <b>\$ 5,981,565</b>      | <b>\$ 4,724,755</b>  | <b>\$ 1,256,810</b> | <b>78.99%</b>   |
| <b>GRAND TOTAL</b>                                 | <b>\$ 38,642,664</b> | <b>\$ 24,064,437</b> | <b>\$ 20,385,549</b> | <b>\$ 1,646,370</b> | <b>\$ 1,429,643</b> | <b>\$ 1,639,933</b> | <b>\$ 1,402,622</b> | <b>\$ 27,350,740</b>     | <b>\$ 23,217,814</b> | <b>\$ 4,132,926</b> | <b>84.89%</b>   |

**NURSING REVENUE**

|                               |                     |
|-------------------------------|---------------------|
| BEGINNING REVENUE BALANCE     | \$ 1,659,304        |
| 21-23 REVENUE TO-DATE         | \$ 22,007,482       |
| 21-23 HELMS ASSESS. TO-DATE   | \$ 779,532          |
| 21-23 EXPENDITURES TO-DATE    | \$ 23,217,814       |
| <b>ENDING REVENUE BALANCE</b> | <b>\$ (330,560)</b> |

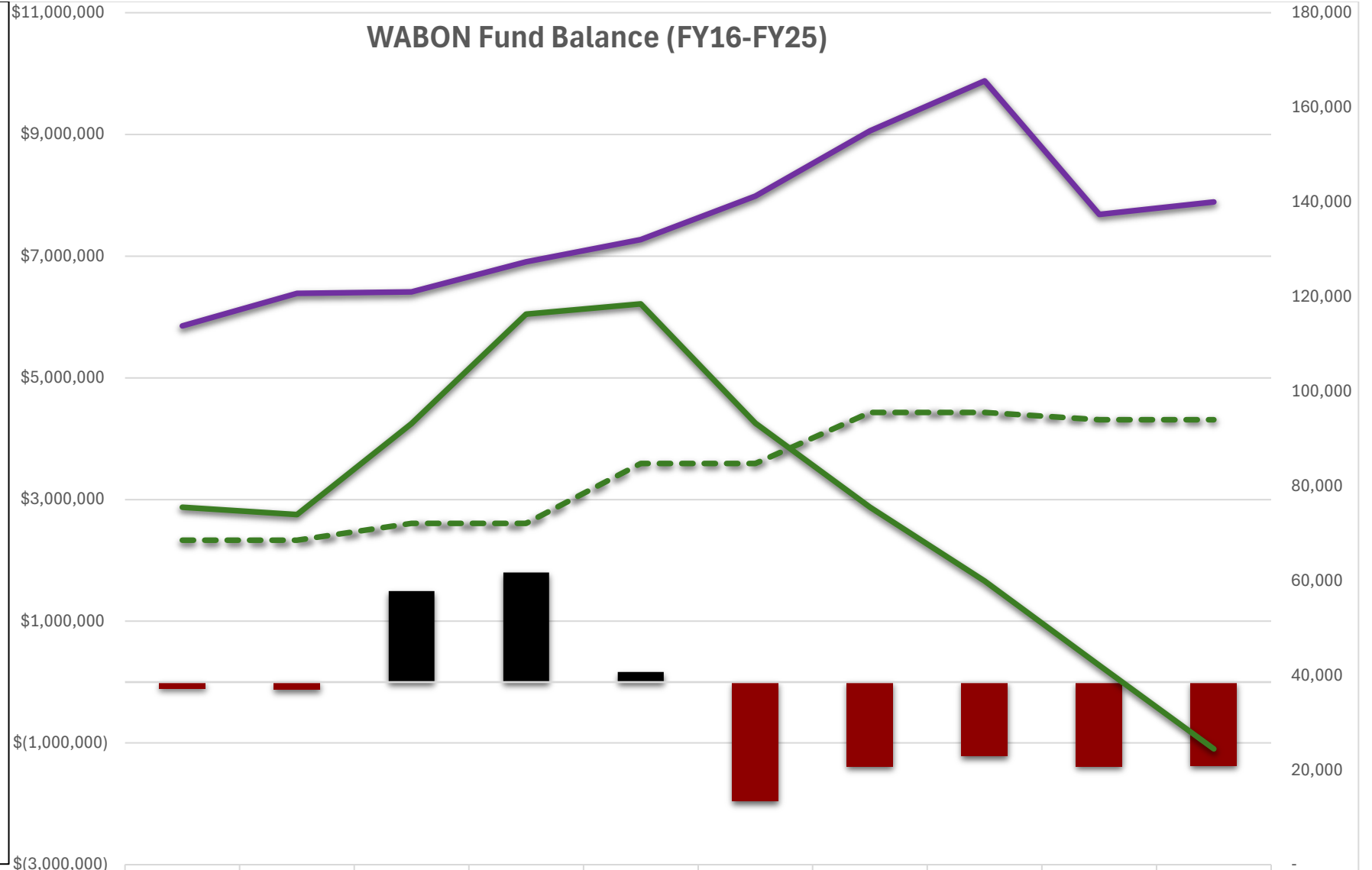
**Key Events Impacting Fund Balance:**

**Fee Adjustment FY18:**  
 RN App - \$32 ↑  
 RN Ren - \$23 ↑  
 LPN App - \$3 ↓  
 LPN Ren - \$11 ↓  
 ARNP App - \$23 ↑  
 ARNP Ren - \$29 ↑  
 NT App - \$67 ↓  
 NT Ren - \$66 ↓

**HELMS Assessments:**  
 FY20 - \$275K  
 FY21 - \$1.8M  
 FY22 - \$2.9M  
 FY23 - \$2.7M  
 FY24 - \$800K  
 Total - \$8.4M

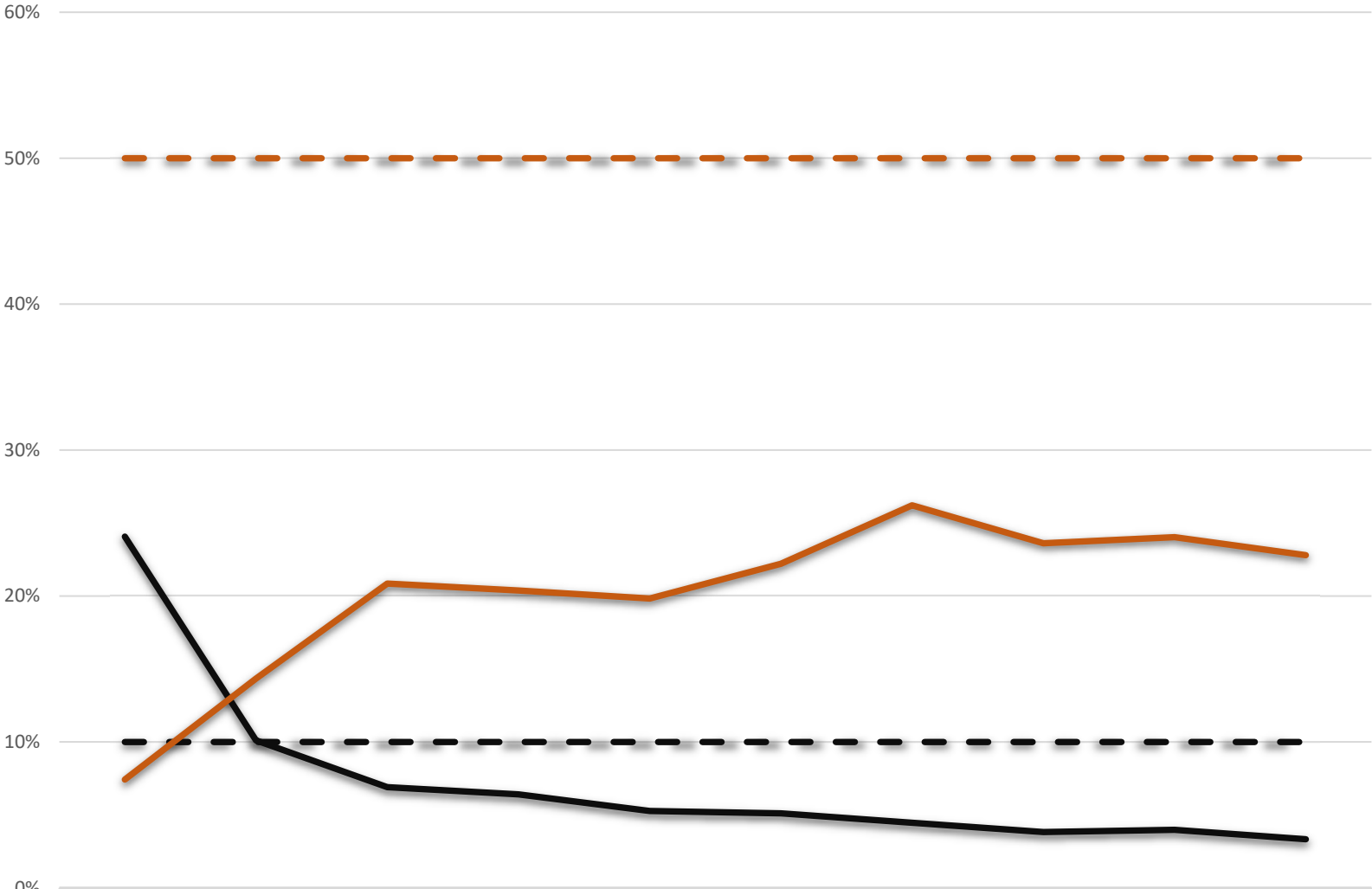
**Fee Adjustment FY23:**  
 RN - \$15 ↑  
 LPN - \$5 ↑  
 ARNP - \$ 5 ↑

**NLC FY24:**  
 23K Licensee  
 Loss = \$2.2M  
 Revenue Loss



|                           | FY16        | FY17        | FY18        | FY19        | FY20        | FY21          | FY22          | FY23          | FY24          | FY25          |
|---------------------------|-------------|-------------|-------------|-------------|-------------|---------------|---------------|---------------|---------------|---------------|
| Annual Operating Variance | \$(101,037) | \$(122,382) | \$1,495,056 | \$1,801,191 | \$167,533   | \$(1,957,873) | \$(1,382,912) | \$(1,214,930) | \$(1,386,033) | \$(1,370,812) |
| WABON 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   | \$273,276     | \$(1,097,536) |
| 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   | \$4,312,228   | \$4,312,228   |
| License Count             | 113,826     | 120,699     | 121,007     | 127,340     | 132,040     | 141,246       | 155,048       | 165,598       | 137,409       | 140,015       |

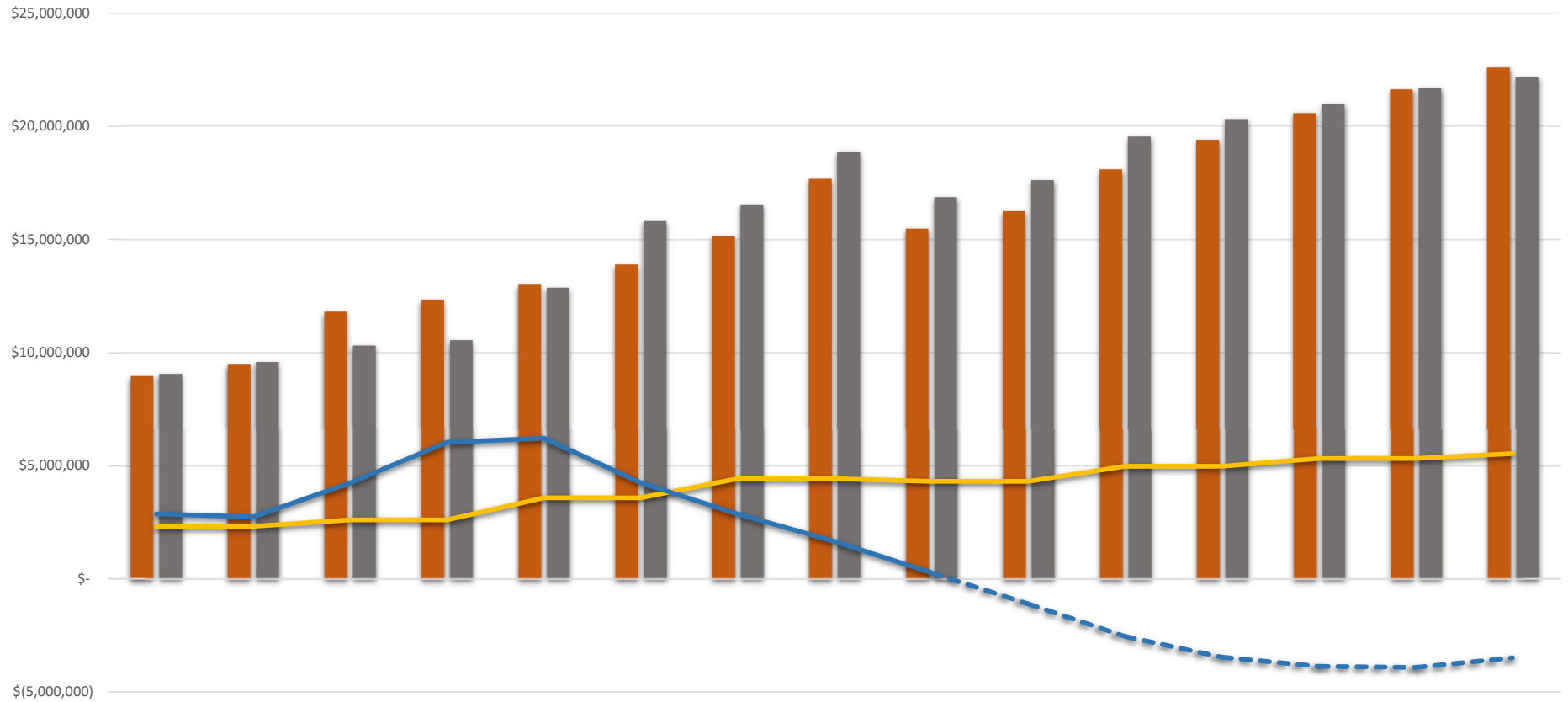
### MSL Conversion/Issuance Rates



|                                | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 |
|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target Conversion Rate (10%)   | 10%    | 10%    | 10%    | 10%    | 10%    | 10%    | 10%    | 10%    | 10%    | 10%    |
| Conversion Rate                | 24.1%  | 10.1%  | 6.9%   | 6.4%   | 5.3%   | 5.1%   | 4.5%   | 3.8%   | 4.0%   | 3.3%   |
| MSL Issuance Rate              | 7.4%   | 14.3%  | 20.9%  | 20.4%  | 19.8%  | 22.2%  | 26.2%  | 23.6%  | 24.0%  | 22.8%  |
| Target MSL Issuance Rate (50%) | 50%    | 50%    | 50%    | 50%    | 50%    | 50%    | 50%    | 50%    | 50%    | 50%    |



**WABON Financial Forecast  
FY2016 - FY2030**



|                        | 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 | 16,256,630  | 18,104,634  | 19,409,521  | 20,581,729  | 21,637,793  | 22,591,989  |
| 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 | 16,870,378 | 17,627,442  | 19,554,410  | 20,320,673  | 20,986,253  | 21,681,521  | 22,170,478  |
| 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  | 4,312,228  | 4,312,228   | 4,984,385   | 4,984,385   | 5,333,472   | 5,333,472   | 5,542,620   |
| 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  | 273,276    | (1,097,536) | (2,547,312) | (3,458,463) | (3,862,987) | (3,906,715) | (3,485,205) |



# DEIB Task Force Report

Anthony Partridge, Assistant Director of Regulatory Affairs

Jessilyn Dagum, Policy Analyst

# Background

In January 2024, the board approved the creation of a Diversity, Equity, Inclusion, and Belong (DEIB) Task Force as part of the board's [2023-2025 Strategic Plan](#) to advance its DEIB and anti-racism initiatives.

The DEIB Task Force's charge is to:

- Assess the board's current policies and practices
- Identify areas for organizational improvement
- Implement strategies to enhance DEIB within the board and the nursing community

# DEIB Commitment Statement

The Washington State Board of Nursing (board) is dedicated to fostering a diverse, equitable, and inclusive environment in nursing regulation. We aim to:

1. **Promote Diversity:** Embrace and celebrate the unique backgrounds, perspectives, and experiences of all individuals in the nursing community.
2. **Ensure Equity:** Create fair opportunities for all nurses, eliminating barriers and addressing disparities in education, practice, and advancement.
3. **Foster Inclusion:** Cultivate a supportive atmosphere where every nurse feels valued, heard, and empowered to contribute to their fullest potential.
4. **Enhance Belonging:** Build a community where every member feels a profound sense of connection and purpose, ensuring that all voices are respected and integrated into the fabric of our organization.

Through these commitments, we aim to advance excellence in nursing regulation, improve patient care outcomes, and uphold the highest standards of professionalism and compassion in the nursing profession.

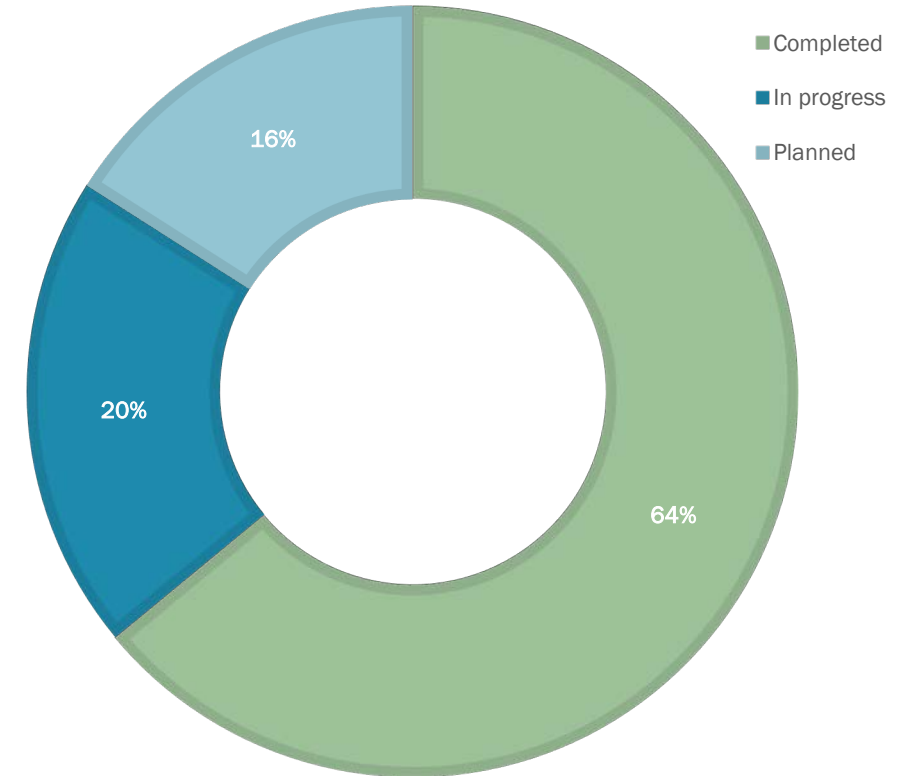


# DEIB Task Force Work Plan

- Conduct an organizational DEIB Assessment
- Develop and Implement DEIB Policy and Best Practices
- Identify Staff and Board Members DEIB Training
- Embed DEIB Concepts in Research
- Enhance Inclusion and Accessibility

# DEIB Task Force Work Plan

| Status      | Count |
|-------------|-------|
| Completed   | 16    |
| In progress | 5     |
| Planned     | 4     |
| Grand Total | 25    |



# Work Plan Highlights

- Conducted a DEIB Organizational Assessment
- Strengthened ties with diverse community partners and organizations
- Hosted several speakers from diverse backgrounds
  - Diversity Educational Panel
  - Military Spouse Educational Session
- Developed and implemented an equity toolkit for rulemaking
- Adopted a DEIB Commitment Statement and Anti-Discrimination Policy Statement
- Developed a DEIB Webpage

# Questions?



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<br>Washington State Register (WSR) |
|---|--|--------------------------------------|---------|---|
| 1 | There are no emergency rules at this time. |                                      |         |   |

**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:<br>WAC 246-840-010<br>WAC 246-840-340<br>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><br/> <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><br>Filed: 2/9/2024 | 6/20/2024<br>6/21/2024 | WSR: <a href="#">24-20-129</a><br>Filed: 10/1/2024 | 11/8/2024    | Filing in Progress |

| # | RULE                             | WASHINGTON ADMINISTRATIVE CODE (WAC)            | PURPOSE  | CR-101 PREPROPOSAL  | RULE WORKSHOPS                  | CR-102 PROPOSED & CR-105 (EXPEDITED) | RULE HEARING | CR-103P PERMANENT |
|---|----------------------------------|---|--|---|---------------------------------|--------------------------------------|--------------|-------------------|
| 2 | Nurse Administrator Requirements | Amendments to: WAC 246-840-517                  | <p>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.</p>  | <p>WSR: <a href="#">24-21-151</a><br/>Filed: 10/22/2024</p> | <p>12/5/2024<br/>12/12/2024</p> |                                      |              |                   |
| 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, 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> | <p>WSR: <a href="#">24-20-087</a><br/>Filed: 9/27/2024</p>  |                                 |                                      |              |                   |

| # | RULE   | WASHINGTON ADMINISTRATIVE CODE (WAC)               | PURPOSE  | CR-101 PREPROPOSAL                                  | RULE WORKSHOPS | CR-102 PROPOSED & CR-105 (EXPEDITED) | RULE HEARING | CR-103P PERMANENT |
|---|--|--|--|---|----------------|--------------------------------------|--------------|-------------------|
| 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. | WSR: <a href="#">24-24-011</a><br>Filed: 11/21/2024 |                |                                      |              |                   |

#### RECENTLY FILED RULES (EFFECTIVE 2021-2024)

| # | RULE  | WASHINGTON ADMINISTRATIVE CODE (WAC) | PURPOSE   | CR-101 PREPROPOSAL | RULE WORKSHOPS | CR-102 PROPOSED & CR-105 (EXPEDITED)             | RULE HEARING | CR-103P/CR-103E PERMANENT/EMERGENCY  |
|---|---|--------------------------------------|---|--------------------|----------------|--|--------------|--|
| 1 | Nursing Fee Rule Corrections (Secretary Authority) Expedited Rule | 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> |                    |                | WSR:24-14-126<br>File: <a href="#">24-14-126</a> |              | WSR: <a href="#">24-21-150</a><br>Filed: 10/22/2024<br>Effective: 11/22/2024 |

| # | 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  |
|---|---|---|--|---|---|--|--------------|---|
| 2 | 1:2 Simulation  | Amendments to:<br>WAC 246-840-534<br>New Section:<br>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><br>File: 8/4/2023    | 9/26/2023<br>10/5/2023<br>10/16/2023<br>10/17/2023<br>10/26/2023<br>11/20/2023<br>12/4/2023 | WSR: <a href="#">24-15-133</a><br>Filed: 7/23/2024 | 8/27/2024    | WSR: <a href="#">24-20-031</a><br>File: 9/23/2024<br>Effective:<br>10/24/2024 |
| 3 | Blood Glucose Management                                | Amendments to:<br>WAC 246-840-930<br>WAC 246-840-940<br><br>New Rules:<br>WAC 246-840-835<br>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:<br><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><br>Filed: 12/29/2022 | 2/1/2023 and 2/6/2023.<br><br>Note: Additional workshops were held 5/15/2023 and 5/19/2023. | WSR: <a href="#">24-08-076</a><br>File: 4/3/2024   | 5/10/2024    | WSR: <a href="#">24-13-079</a><br>File: 6/17/2024<br>Effective:<br>7/18/2024  |
| 4 | Substance Use Disorder Monitoring Program Participation | Amendments to:<br>WAC 246-840-750 through<br>WAC 246-840-780<br><br>New Rule:<br>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.<br><br>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><br>File: 8/14/2023   | 12/13/2023<br>12/15/2023  | WSR: <a href="#">24-07-063</a><br>File: 3/15/2024  | 5/10/2024    | WSR: <a href="#">24-12-066</a><br>File: 6/3/2024<br>Effective:<br>7/1/2024    |
| 5 | Initial Out-of-State Exam and Endorsement Licensing     | Amendments to:<br>WAC 246-840-030<br>WAC 246-840-090<br>And other relevant rule sections in Chapter 246-840 WAC | Moving emergency rule language into permanent rule. Amending specific rule language to clarify licensure requirements for registered nursing (RN) and licensed practical nursing (LPN) applicants <u>applying for initial licensure via an out-of-state traditional nursing education program approved by another U.S. nursing board and applicants applying via interstate endorsement.</u>   | WSR: <a href="#">23-11-143</a><br>File: 5/24/2023   | 6/22/2023<br>6/29/2023  | WSR: <a href="#">24-03-103</a><br>File: 1/18/2024  | 3/8/2024     | WSR: <a href="#">24-10-063</a><br>File: 4/26/2024<br>Effective:<br>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  |
|---|------------------------------------|---|--|--|--|---|--------------|--|
| 6 | 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><br>Filed: 2/25/2022 | 7/7/22, 8/4/22, and 9/19/22.   | WSR: <a href="#">23-21-071</a><br>Filed: 10/12/2023 | 11/29/2023   | <p>WSR: <a href="#">24-03-055</a><br/>Filed: 1/11/2024</p> <p>Effective: 2/11/2024</p>   |
| 7 | Multistate License Fee             | Amendments to: WAC 246-840-990  | <p><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.</p>   | WSR: <a href="#">23-16-127</a><br>File: 8/1/2023   | 8/23/2023<br>8/28/2023<br>8/29/2023  | WSR: <a href="#">23-22-060</a><br>File: 10/25/2023  | 12/5/2023    | <p>WSR: <a href="#">24-02-057</a><br/>File: 12/28/2023</p> <p>Effective: 1/31/2024</p>   |
| 8 | Health Equity Continuing Education | Amendments to: WAC 246-840-220 And other relevant continuing education rule sections in Chapter 246-840 WAC | <p>ESSB <a href="#">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>   | WSR: <a href="#">23-03-069</a><br>Filed: 1/12/2023 | 2/3/2023<br>2/8/2023<br>2/15/2023<br>2/16/2023<br>2/17/2023<br>2/22/2023<br>3/3/2023 | WSR: <a href="#">23-19-081</a><br>Filed: 9/19/2023  | 10/25/2023   | <p>WSR: <a href="#">23-23-166</a><br/>Filed: 11/21/2023</p> <p>Effective: 12/22/2023</p> |

| # | RULE  | WASHINGTON ADMINISTRATIVE CODE (WAC)  | PURPOSE   | CR-101 PREPROPOSAL                               | RULE WORKSHOPS                             | CR-102 PROPOSED & CR-105 (EXPEDITED)  | RULE HEARING            | CR-103P/CR-103E PERMANENT/EMERGENCY  |
|---|---|---|---|--|--|---|-------------------------|--|
|   |   |   | <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> |  |  |   |                         |  |
| 9 | Nursing Assistants and NAC Training Program Standards | <p>Amendments to: Chapter 246-841 WAC (repealing) replacing with 246-841A in collaboration with DOH Secretary.</p> <p>Chapter 246-842 WAC (repealing)</p> | <p>Legislated work by WABON with key interested parties in 2018-2020 resulting in a final Long-Term Care Report to the Legislature (June 2021) confirmed the need for updating rules. The coronavirus disease 2019 (COVID-19) pandemic magnified the need and urgency for changes to eliminate barriers to career advancement for nursing assistants to help address the nursing assistant shortage in health care. WABON believes standardizing curriculum in training programs will also result in standardizing scope of practice across work settings.</p>  | <p><u>WSR: 21-05-021</u><br/>Filed: 2/8/2021</p> | <p>October 2022 through February 2023.</p> | <p>WSR:<u>23-15-091</u><br/>Filed: 7/18/2023</p> <p>Filing combined CR-102 for these rules and NA Rules under Secretary Authority (See #2) in progress. Filing of CR-102 approved on March 10, 2023, WABON business</p> | <p><b>8/30/2023</b></p> | <p>WSR: <u>23-20-117</u></p> <p>Filed: 10/3/2023</p> <p>Effective: 11/3/2023</p> |

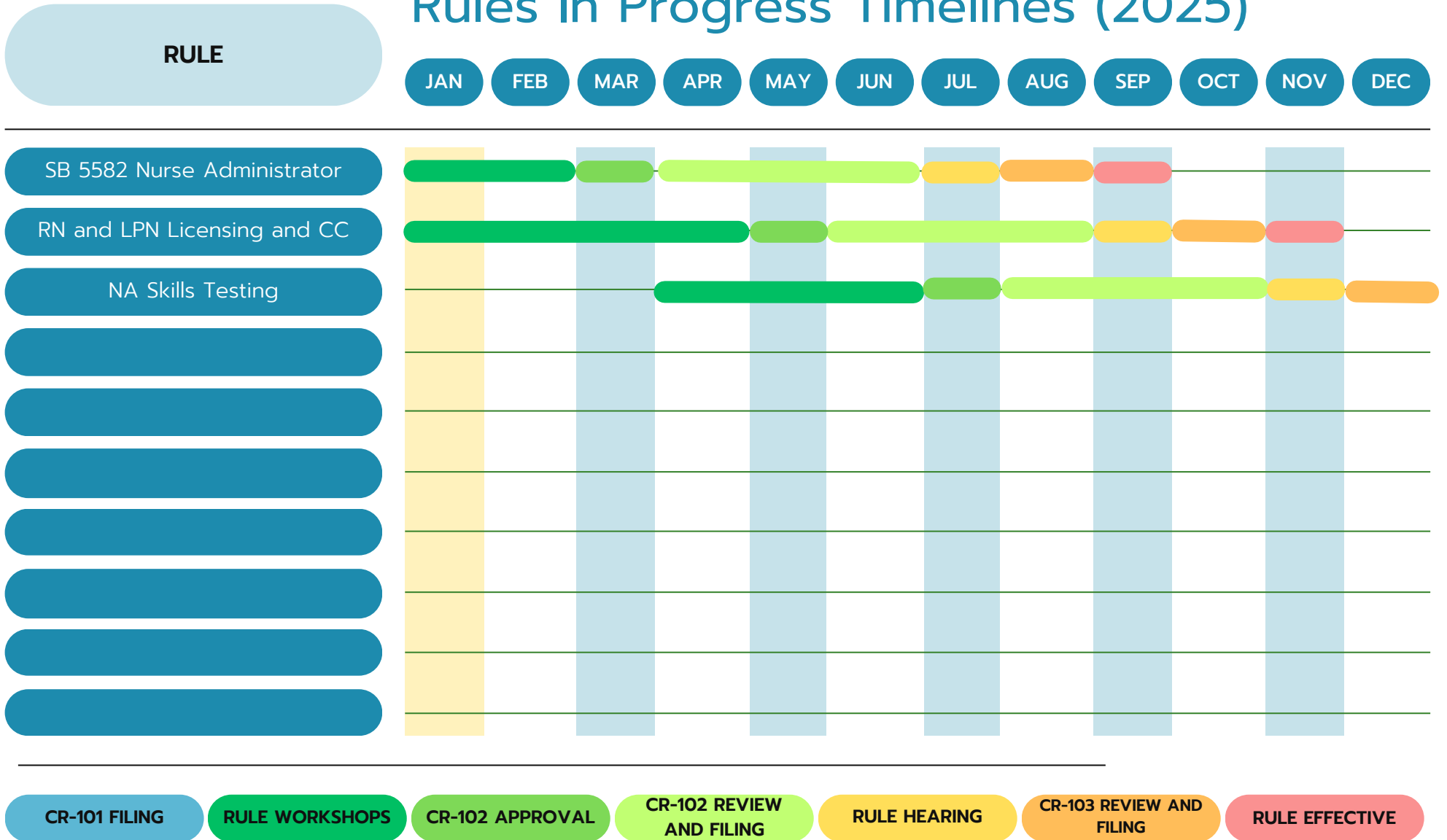
| #  | RULE                               | WASHINGTON ADMINISTRATIVE CODE (WAC)               | PURPOSE  | CR-101 PREPROPOSAL                                  | RULE WORKSHOPS   | CR-102 PROPOSED & CR-105 (EXPEDITED)                                  | RULE HEARING | CR-103P/CR-103E PERMANENT/EMERGENCY   |
|----|------------------------------------|--|--|---|--|---|--------------|---|
| 10 | ARNP Opioid Prescribing Rules      | Amendments to: WAC 246-840-463<br>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><br>Filed: 7/22/2019  | 6/21/2022 and 6/30/22  | WSR: <a href="#">23-08-064</a><br>Filed 4/4/2023                      | 5/12/2023    | WSR: 23-14-082<br><br>Filed: 6/29/2023<br><br>Effective: 7/30/2023            |
| 11 | ARNP Inactive and Expired Licenses | Amendments to: WAC 246-840-365<br>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><br>Filed: 6/1/2022   | 6/21/2022 and 6/30/22.                                       | WSR: <a href="#">23-01-134</a><br>Filed: 12/20/2022                   | 1/27/2023    | WSR: <a href="#">23-08-069</a><br>Filed: 4/4/2023<br>Effective: 5/5/2023      |
| 12 | Nursing Emergency Rules            | WAC 246-840-365<br>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><br>File: 1/6/2023                              |
| 13 | 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<br>Filed: 12/5/2018                  | 1/22/2019<br>1/23/2019<br>1/24/2019<br>1/26/2022<br>2/7/2022 | WSR: 22-15-078<br>Filed: 7/18/2022                                    | 9/9/2022     | WSR: 22-23-130<br>Filed:<br>11/21/2022<br><br>Effective:<br>12/22/2023        |
| 14 | 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><br>WSR: <a href="#">22-12-092</a><br>Filed: 6/1/2022 | N/A          | WSR: <a href="#">22-17-144</a><br>Filed: 8/23/2022<br>Effective:<br>9/24/2022 |
| 15 | Fees                               | WAC 246-840-990                                    | The Secretary of the Department of Health in consultation with WABON is considering an increase in licensure fees for professions under its regulation. A fee increase is needed to address the increasing costs associated with the agency's new Healthcare Enforcement and Licensing Modernization Solution (HELMS) database, the need to increase staffing levels to meet the new legislative mandate to process nurse licenses in seven days or less, and an increase in workload associated with implementing solutions addressing the nursing assistant and long-term care crisis. | WSR: <a href="#">21-23-053</a><br>Filed: 11/10/2021 | Held by Dept.  | WSR: <a href="#">22-10-104</a><br>Filed: 5/4/2022                     | 6/13/2022    | WSR: <a href="#">22-15-074</a><br>Filed: 7/18/2022<br>Effective:<br>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  |
|----|-------------------------------|--|---|------------------------------------|------------------------|--|---|--|
| 16 | Emergency to Permanent Rules  | 3/11/2022<br>246-840-533, 930<br><br>9/17/2021<br>Original<br>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<br>Filed: 9/17/2021 | 11/3/2021<br>11/8/2021 | WSR: 22-04-081<br>Filed: 1/31/2022                     | 3/11/2022<br><br>WAC 246-840-365, 367 removed and will be included in a new CR-101. | WSR: <a href="#">22-12-026</a><br>Filed: 5/23/2022<br>Effective: 9/9/2022  |
| 17 | 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<br>Filed: 5/18/2020 | 10/5/2020 and 9/2020   | WSR 21-20-058<br>Filed: 9/28/2021                      | 11/12/2021  | WSR: <a href="#">22-04-082</a><br>Filed: 1/31/2022<br>Effective: 5/13/2022 |
| 18 | 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<br>Filed: 12/5/2018 |                        | WSR: 21-04-096<br>Filed: 2/1/2021                      | 3/12/2021   | <a href="#">WSR: 21-11-032</a><br>Filed: 5/12/2021<br>Effective: 6/13/2021 |
| 19 | 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><br>WSR: 20-18-045<br>Filed: 8/28/2020 | N/A   | WSR: 21-04-016<br>Filed: 1/22/2021   |



# Rules In Progress Timelines (2025)



## Advisory Opinion: Business Practices for the ARNP

### Purpose

The Washington State Board of Nursing (WABON) has received many inquiries from nurses concerning rules and guidelines for opening clinics or businesses. This statement summarizes the WABON's guidelines for Advanced Practice nurses intending to open a business or seeking guidance about their existing business.

### Background

The Washington State Board of Nursing does not have a formal statement or authority over ARNP businesses or clinic requirements or being an owner of a professional health care corporation. The ARNP must meet the requirements to establish and maintain the business as well as quality and nursing care standards. The law and rules do not prohibit an ARNP from opening up a private practice or be an owner of a professional health care organization. We recommend you consult with your legal advisor.

See the following resources for more information:

- Business licensing requirements at the [State of Washington Department of Revenue - Business Licensing Service](#)
- The [Washington State Department of Licensing](#) includes information on starting a business
- [RCW 18.100 Professional Service Corporations](#)
- [RCW 18.79.030 Licenses required—Titles.](#)
- [Washington State Department of Health Care Entity Licensing Requirements](#)
- [WAC 246-904 Health Care Entities](#)
- [WAC 247-04-010 Determination of Facilities as Health Care Facilities](#)
- [U.S. Small Business Administration \(SBA\)](#)
- [Small Business Guidance \(business.wa.gov\)](#)
- [International Council of Nurses | Handbook on Entrepreneurial Practice](#)

### **Medical records documentation systems and privacy requirements**

Other aspects need to be considered such as infection control, laboratory licensing requirements, and other safety and health standards:

- [Washington State Department of Labor and Industries](#)
- [Washington State Department of Health Laboratory Quality Assurance](#)
- [Washington State Fraud and Abuse Prohibitions](#)
- [Health Insurance Portability and Accountability Act \(HIPAA\)](#)

### **Construction or architectural regulations**

All aspects of other regulations such as safety and infection control need to be considered. The following resources may be helpful:

- [Washington Industrial Safety and Health Act \(WISHA\)](#)
- [CDC Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care](#)
- [Occupational Safety and Health Administration \(OSHA\)](#)
- [OSHA Medical & Dental Offices: A Guide to Compliance with OSHA Standards](#)

### **Other factors to consider**

An ARNP may enter into a private contract with a facility or contract through a staffing agency.

Under the corporate practice of medicine doctrine, a person who does not hold a health care license may not own a business that employs health care professionals to provide health care services to the public.

See the following resources for more information:

- [Columbia Physical Therapy, Inc., P.S. v. Benton Franklin Orthopedic Assocs., P.L.L.C.](#), 168 Wn.2d 421, 228 P.3d 1260 (2010).
- [The Professional Service Corporation Act \(RCW 18.100\)](#)

### **Requirements for Establishing a Corporate or Partnership Entity in Washington State**

ARNPs are encouraged to seek legal advice in establishing a corporate or partnership entity such as a Limited Liability Company (LLC), Professional Service Corporation (PSC), or

Professional Limited Liability Company (PLLC) for the purpose of providing nursing and related services.

A Limited Liability Company (LLC) is formed by 1 or more individuals or entities through a special written agreement. The agreement details the organization of the LLC, including provisions for management, assignability of interests, and distribution of profits and losses. LLCs are permitted to engage in any lawful, for-profit business or activity other than banking or insurance. Filing with the [Washington Secretary of State](#) is required prior to filing a [Business License Application](#).

A PLLC is a limited liability partnership structure designed for licensed professionals to render professional services, as defined in [RCW 18.100.030](#).

See the following resources for more information:

- [Compare business structures | Washington Department of Revenue](#)
- [Limited Liability Company \(LLC\) & Professional LLC \(PLLC\) Filing Resource Page | WA Secretary of State](#)
- [RCW 25.15.046: Professional limited liability companies](#)
- [RCW 25.15.048: Professional limited liability company—Licensing](#)

## Requirements and Recommendations

### **Medical Directors**

The medical director is responsible for the safety of patients and ensuring the quality of medical care.

Washington State does not have a certification or license for medical directors nor does the law require facility licensing for nurses starting their own business. The nursing and other state laws and rules do not prohibit an ARNP from owning or serving as a “medical director” at a medical spa. Washington State does not have a law or rule that prohibits an ARNP from being a medical director for a residential drug and rehabilitation treatment center.

See the following resources for more information:

- Washington Medical Commission: [WMC Medical Directors: Roles, Duties and Responsibilities](#)
- CMS Requirements for Long Term Care Facilities: [eCFR :: 42 CFR 483.70 -- Administration](#) and [WAC 388-97-1700](#)

### Infection Control

To ensure patient safety, policies and procedures to ensure infection control and prevention should be established.

**Commented [LO1]:** Add WABON checklist once complete.

In addition to the state and federal guidelines linked above, see the following resources for more information:

- [Infection Prevention Resources | Washington State Hospital Association](#)
- [Chapter 246-330 WAC: Ambulatory Surgical Facilities](#)
- [Ambulatory Surgical Facilities | Washington State Department of Health](#)
- [JLARC Report | Regulation of Ambulatory Surgical Facilities](#)
- [Outpatient/Ambulatory Surgery Centers Specific Resources | APIC Oregon and Southern Washington Chapter](#)
- [Ambulatory Care | APIC](#)
- [CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings](#)
- [Minnesota Association For Aesthetic Safety | Suggested Standards of Practice](#)
- [Disinfection and Sterilization Guideline | Infection Control | CDC](#)
- [OSHA: What You Don't Know Can Hurt You | American Med Spa Association](#)
- [Guidelines for Non-Invasive Medical Aesthetic Practices \(Medical Spas\) | American Med Spa Association](#)
- [The Importance of Safety and Compliance in Medical Spa Procedures | SpaKinect](#)
- [Infection Prevention & Control in Nursing | ANA](#)

## References and Resources

- [RCW 18.79 Nursing Care](#)
- [WAC 246-840 Practical and Registered Nursing](#)
- [Support for Practicing Nurses | WABON](#)
- [Practice Guidance | WABON](#)
- [Practice Information | WABON](#)
- [Interactive Scope of Practice Decision Tree | WABON](#)
  
- [Registered Nurse and Licensed Practical Nurse Scope of Practice \(wa.gov\)](#)
- [Cosmetic/Aesthetic Dermatologic Procedures \(wa.gov\)](#)
- [Administration of Sedating, Analgesic, and Anesthetic Agents \(wa.gov\)](#)
- [Standing Orders \(wa.gov\)](#)
- [Infusion Therapy Management \(wa.gov\)](#)

## Advisory Opinion: Informed Consent

### Purpose

This advisory opinion provides guidance and clarification about the roles and responsibilities of the registered nurse (RN) and licensed practical nurse (LPN) in obtaining informed consent.

### Background

Informed consent is based upon the ethical principle of autonomy. This principle provides individuals with the right to make free, uncoerced, and informed decisions. Informed consent can be oral or written and should be documented. The universal role of a nurse is as an advocate in ensuring patient's comprehension and agreement to the treatment plan, providing education needed to make informed decisions involving health care and treatment options, and communicating questions and concerns to the healthcare team.

There are two major important characteristics to remember about consent.

- Informed – Sufficient information about the care should be provided to the patient. This includes the risks, consequences of refusing the care, and possible alternatives to the care before obtaining consent.
- Voluntary – Consent should be obtained without coercion, threat, or under the influence of any impairing substance.

Consent is also an on-going process. Consent may be implied or explicitly communicated verbally, nonverbally, or in electronic or written form. Although documentation is not consent itself, documented information about the consent process and how consent was obtained can potentially help mitigate risks and complaints if any misunderstandings arise. It is in the best interest of the nurse to verbally share details about a nursing intervention before and during the performance of the intervention.

When delivering routine nursing care, nurses provide information, support, and guidance. A nurse can watch for non-verbal cues as implicit consent (e.g., holding out arm to have blood pressure taken) or be obtained explicitly through verbal agreement or in writing.

Informed consent for treatment is essential. A general principle of informed consent is that it is the health care provider doing the procedure or treatment that obtains the informed consent of the patient.

The Joint Commission requires documentation of all elements of informed consent, “In a form, progress note or elsewhere in the record.” The following elements are required:

1. Nature of the procedure
2. Risks and benefits of the procedure
3. Reasonable alternatives
4. Risks and benefits of alternatives
5. Assessment of the patient’s understanding the above elements.

[Quick Safety 21: Informed consent: More than getting a signature \(Updated: April 2022\) | The Joint Commission](#)

Nurses may be involved in formal informed consent processes that address operative and other invasive procedures, blood product administration, research or clinical trials, or high-risk medication administration (e.g., chemotherapy).

In most situations, the nurse is not functioning in the primary role of performing or ordering provider for a particular procedure but may act as witness and provide educational aspects of the consent process. The witness must be impartial and must sign and date the consent form at the time the consent process occurs. A signature of the witness means:

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

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

## Statement of Scope

Washington law requires health care providers to obtain informed consent. The overall law defines the term health care provider broadly.

[RCW 7.70.060: Consent Form](#)

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



[RCW 7.70.020: Definitions. \(wa.gov\)](#)

The definition of a health care provider includes an advanced registered nurse practitioner (ARNP) and nurse (not specific to RN or LPN).

[RCW 7.70.050: Failure to secure informed consent—Necessary elements of proof—Emergency situations. \(wa.gov\)](#)

[RCW 7.70.065: Informed consent—Persons authorized to provide for patients who do not have capacity—Priority—Unaccompanied homeless minors. \(wa.gov\)](#)

[Patient Rights Guidelines \(wa.gov\)](#)

[Consentforms.pdf \(nursinglaw.com\)](#)

[WAC 246-919-605:](#) Use of laser, light, radiofrequency, and plasma devices as applied to the skin: The rules define what is required including informed consent. Physician must obtain informed consent including that a non-physician may perform the procedure to administer medications or substances for cosmetic purpose or the use of prescriptive devices for cosmetic purposes.

[WAC 246-919-606:](#) Nonmedical cosmetic procedures: The rules define what is required including informed consent. Physician must obtain a consent form prior to treatment that lists foreseeable side effects and complications, and the identity and license of the delegate or delegates who will perform the procedure; and

It is not within the scope of the RN to advise patients (for the purposes of obtaining informed consent) of a procedure that the RN is not within the scope of practice of the nurse, or the nurse is not authorized to perform. It is within the scope of practice of the RN to advise patients of a procedure that the RN will perform, or is authorized to perform, (even if the RN is not the nurse who will be performing the procedure) when the general requirements are met. It is within the scope of practice of the RN or LPN to obtain written authorization from a patient, by having the patient sign the informed consent documentation and for the RN or LPN to witness such a signature. The RN or LPN's witness signature indicates that the patient is the person who signed the informed consent document. The RN or LPN does not need to be present when the person performing the procedure provides the information required for informed consent. Before obtaining the patient's signature, the RN or LPN has the right and obligation to make certain the patient understood the advice provided by the health care provider performing the procedure. If there are concerns that the patient does not understand,

or that the patient still has questions, the RN or LPN should not obtain the patient's signature and should promptly notify the healthcare provider.

It is not within the scope of practice of the LPN to advise patients (for the purposes of obtaining informed consent) of a procedure.

## Requirements and Recommendations

### **General Requirements:**

- Written policy and procedure specific to informed consent.
- Order for the procedure is obtained.
- When the treatment or procedure is permitted to be performed by the RN, documentation of completion of the training and competency must be available.

### **Documentation Requirements:**

Written informed consent must be documented in a form, progress note, or elsewhere in the medical record, including the following elements:

1. Nature of the procedure
2. Risks and benefits of the procedure
3. Reasonable alternatives
4. Risks and benefits of alternatives
5. Assessment of the patient's understanding the above elements.

The Washington State Board of Nursing requires the nurse to obtain implicit or explicit informed consent when providing nursing care.

The nurse may be required to act as witness. The nurse is responsible to review and verify written informed consent prior to carrying out a medical regimen. In some instances, depending on facility policies, the nurse may be responsible for obtaining written consent.

## References and Resources

[RCW 18.79 Nursing Care](#)

[WAC 246-840 Practical and Registered Nursing](#)

[Support for Practicing Nurses | Nursing Care Quality Assurance Commission \(wa.gov\)](#)

[Practice Guidance | Nursing Care Quality Assurance Commission \(wa.gov\)](#)

[Practice Information | Nursing Care Quality Assurance Commission \(wa.gov\)](#)  
[Arizona Board of Nursing Advisory Opinion](#)

The Massachusetts Board of Nursing requires the nurse performing cosmetic procedures to review and verify informed consent that clearly informs the patient of the operator's qualification, licensure, and expected outcomes of the procedure.

[Massachusetts Board of Nursing: Cosmetic and Dermatologic Procedures](#)

Nevada has a statement about nurses performing cosmetic procedures that states the patient have granted informed consent. The statement includes the nurse's requirements for informed consent if a nurse is providing a nursing intervention.

[Nevada State Board of Nursing; Cosmetic Procedures](#)

DRAFT

# Informed Consent Advisory Opinion Draft

## Summary of Public Comments

### Public Workshop Comments

- It's not well addressed in statute; case law provides guidance on the issue. The rules are clear regarding who is responsible for obtaining informed consent, which is typically interpreted as the duty of a licensed independent provider
- This situation could lead to significant process issues within the hospital setting and create confusion for patients. Physicians are still required to obtain informed consent, so we cannot have two separate individuals responsible for this process. There is a risk of inconsistency since nurses are not directing or prescribed treatment. We seek clarity regarding the authority involved and would like to address any confusion about the roles they play in this process.
- Clarifying the language around “obtaining informed consent.” Is this part of providing the educational component and gathering a signature, or is it legally responsible for acquiring it?
- Understanding the role is important because there is a legal requirement to obtain informed consent. Additionally, it raises the question of what role centers have in facilitating that process.
- A significant body of case law focuses on informed consent requirements. Washington State courts have determined that physicians are the healthcare providers liable for malpractice in obtaining informed consent.
- The case referenced in the letter was decided a while ago, so now it would likely be other prescribers, because they are prescribing and determining types of treatment or other independent licensed healthcare providers who make decisions about what treatment patients should get. So, I think it might be helpful to include that as well.
- It is important to differentiate between general and informed consent, especially when it's required, as this distinction is based on the concept of materiality and what a reasonable patient would understand. In the context of hospitals, they typically hold responsibility for identifying the types of procedures and treatments that require consent. This responsibility may vary depending on who is obtaining the consent.
- Please clarify the term "obtaining" in this document and specify the exact role it refers to. Are you indicating that the nurse mentioned on that sheet of paper is identified as the provider who is directing the treatment and providing information about it? Or is the nurse taking information developed by the prescribing or ordering provider, informing the patient about it, and ensuring that the patient understands?

- Nurses can play a significant role in the educational process. However, a key concern is who will assume that liability? We want to be mindful and not to impose any liability on them.
- Advisory opinion is too long.
- When you say nurses obtain or verify consent, can they acquire a signature to confirm that consent was given? Or does this place liability on the nurse?
- This relates to understanding what is required by case law or what a court would expect in a medical malpractice case, particularly concerning specific procedures and hospitals. Generally, for more significant matters, documentation will be necessary. A lot of this depends on established case law.
- When it comes to providing educational information, responsibility often falls on the prescribing provider to determine whether the nurse is qualified and holds the necessary education to deliver that information. This variability makes it difficult to establish a general approach, as there are many different applications involved.
- My colleagues and I collaborated on the letter, and our comments reflect the views of senior nursing leaders. We strongly oppose the notion of consent for blood administration and chemotherapy being the responsibility of nursing staff, as this is the role of the prescribing provider. Nurses are not in the best position to handle this responsibility, and we cannot endorse it.
- We have concerns regarding research and clinical trials, particularly about who is authorized to obtain consent. This is regulated at the federal level which depends on the type of study and the qualifications of the individual involved. For instance, if a nurse is leading a research study and it falls within their scope of practice, they can be part of the study team and are allowed to obtain consent if they have received training in handling human subjects. However, if other nurses, who lack this training and are not part of the study team, obtain consent for clinical trials, it would conflict with federal regulations governing research
- We are generally comfortable with PICC lines when the nurse determines that the child requires the procedure and performs it themselves. However, we have concerns about other procedures that we consider to be higher risk and require a prescriber's decision. We believe that moving in that direction is not advisable.
- At my facility we don't perform many aesthetic procedures. We do, however, use Botox for certain medical conditions. If a nurse determines that a patient requires Botox injections and specifies the areas for treatment, we may be on the fence about that one.
- Washington has many medical reserve courses with dedicated RN and LPN volunteers. During COVID-19, issues around consent and vaccination arose, and I want to ensure nurses feel confident when volunteering. Our health district has a medical officer on standing orders, but we've noticed the public often struggles with consent language.

- I want to affirm the comments of the Washington State Hospital Association's letter on behalf of Virginia Mason, Franciscan Health. The complaints seem focused on mobile clinic settings, including Botox parties at home. We recommend breaking this issue down into manageable parts. One key recommendation is to refocus efforts and collaborate with the Washington Medical Commission to clarify roles regarding informed consent, particularly in aesthetics. The current regulations may become confusing and burdensome if too prescriptive, so it's important to consider a strategic approach moving forward. This highlights the issue of independent nurses, like those hosting home Botox parties. A one-size-fits-all approach doesn't work for nurses in hospitals versus those in home healthcare or aesthetics, as it can lead to confusion, administrative burdens, and increased liability.
- Nurses shouldn't expect to find key insights in the Massachusetts Board of Nursing's guidelines on cosmetic and dermatological procedures. While citations are numerous, highlighting the main ideas re: informed consent is crucial for clarity.

## Email Comments

- Provide more visibility on consent for minors (link).
- Align the AO language with The CMS memo QSO-24-10 (April 2024) focusing on documentation requirements for informed consent.
- Clarify who obtains informed consent for blood transfusions, high-risk medications i.e., chemotherapy administered by RNs, as this may conflict with current practices and create confusion about RN responsibilities.
- The recommendation to do a generic AO on informed consent makes this work considerably more complicated, and it shows in the document, as well as what you wrote below. I don't understand why the recommendation of the Aesthetics Workgroup didn't come back to the Board.
- Serious concerns about how broad it is—as well as how confusing it is.
- Interested in the internal DOH discussions. So, we're struggling to understand this AO, and what you all hope to achieve. To us, first impressions, it just seems too broad, and too confusing.
- When documents are this long, it will be the unusual person who will read it all the way through. In addition, one size doesn't fit all here. It's one thing if you're an RN who is administering Botox in site separate from the prescribing provider—and it's another thing if you're an RN caring for a patient in a hospital setting.
- In reviewing notes from previous CSPSC meetings, noted that the approach for this AO was going to be related to medical spas and dermatologic procedures which was the impetus for the AO to begin with. That didn't happen, and it would be helpful to understand why.

- [WSHA Comment - Informed Consent Draft AO \(002\).pdf](#)
- One observation I have is regarding the statement: "*The Washington State Board of Nursing (WABON) receives questions regarding the role of the nurse in the process of obtaining informed consent.*" While this implies that the document aims to address these questions, the specific questions being addressed are not listed. Including the most frequently asked questions about informed consent would provide readers with clearer context and help structure the advisory opinion more effectively. For example, you could outline questions such as:
  - What is the nurse's role in the informed consent process?
  - Is it within a nurse's scope of practice to obtain informed consent for a procedure that will be performed by a physician?
  - When is it appropriate for a nurse to obtain informed consent directly?
  - How should nurses document consent-related interactions?
  - What actions should nurses take when concerns about informed consent arise?
  - Presenting the content in a way that directly answers these questions would enhance the document's clarity and usability for its intended audience.

## **CSPSC Feedback**

- The informed consent advisory opinion as too long of a document, not sure how many will read through it. Surprised that the Taskforce recommendations did not come back to CSPSC. WSHA will send a follow up letter.
- There are some excellent resources in the document and a strong emphasis on the fact that it is the individual performing the procedure that is responsible for informed consent.
- I thought it was conflicting with the idea that the nurse, unless they are the individual performing the procedure, would not be responsible for obtaining informed consent, only verifying that it was given clarifying questions or verifying a signature.
- I think it gets murky further down line four and five, where we're using some language that implies that the nurse obtains to informed consent

December 4, 2024

Shana Johnny  
Washington State Board of Nursing (Board)  
Washington State Department of Health

Re: Draft Advisory Opinion on Informed Consent

On behalf of the Washington State Hospital Association (WSHA), we thank you for the opportunity to comment on the draft advisory opinion (AO) on informed consent.

We appreciate the Board's intent to ensure that patients are adequately informed and consent to care, but have significant concerns about the confusion and conflict the AO introduces with respect to provider roles, existing law, established standards of care, and accreditation standards. "Informed consent" is a legal term of art with a deep body of statutory and case law in Washington State. The AO does not accurately apply the law or clearly define the role of an RN or LPN in the informed consent process.

***An AO on informed consent for RNs and LPNs should clarify their role in facilitating the informed consent process in accordance with the law, not impose a legal duty without authority. WSHA requests that the Board only update the 2021 AO on Cosmetic/Aesthetic Dermatologic Procedures, and work with the Washington Medical Commission to include guidance for RNs and LPNs performing cosmetic treatments at medical spas or outside of a facility. This ensures that the AO is responsive to the complaints received and that physician responsibilities are clarified. If the Board pursues a general AO on informed consent, we request that it differentiates between care settings and directs RNs and LPNs to follow their setting-specific policies, procedures, and legal requirements.***

~~Below is a more detailed explanation regarding our position:~~

~~**"Informed consent" is distinct from general consent to treatment.**~~

~~The AO is overly broad and does not clearly define the role of an RN or LPN in the informed consent process. For example, under "Principles," the AO states that, "Nurses obtain or verify consent before providing care," and "Nurses are responsible for obtaining informed consent from the individual before providing care or issuing an order and for documenting that consent in the patient's record." Under "Requirements and Recommendations," the AO implies that consent should be obtained when delivering routine nursing care.~~

All medical care requires an element of consent. In the hospital setting, patients must sign a general consent to treatment before being admitted. This consent to treatment includes routine nursing care that is provided within the hospital. It is impractical and would create confusion for nurses to be pausing before every therapeutic interaction to obtain consent.

Informed consent is required prior to procedures or treatments.<sup>1</sup> Hospitals are required by law and accreditation standards to have policies related to informed consent, including those that identify who may

<sup>1</sup> RCW 7.70.050



obtain informed consent and which interventions require informed consent.<sup>2 3 4 5 6</sup> In the hospital setting, providers involved with diagnosis and treatment of patients must undergo the privileging and credentialing process. RNs or LPNs are not subject to this process.

**Licensed independent providers are responsible for obtaining informed consent.**

Health care providers who perform or order procedures or treatment are responsible for obtaining informed consent. Obtaining informed consent is a fiduciary duty<sup>7</sup> that arises when a health care provider, “is in the process of diagnosing, has made a diagnosis, or has pursued a course of treatment.”<sup>8</sup> According to their scopes of practice, RNs and LPNs are not independent and cannot diagnose or determine a patient’s course of treatment.<sup>9 10</sup> “Health care provider” for purposes of informed consent generally means a physician<sup>11</sup> or other prescribing health care provider or licensed independent health care provider.

In the instances an RN may perform a treatment or procedure (e.g., inserting a PICC line), they may be responsible for the educational functions or assist in the process of obtaining informed consent, but the duty to obtain informed consent cannot be delegated and remains with the ordering or prescribing provider. Broadly speaking, they have the necessary knowledge about the procedure or treatment – including the risks, consequences of refusing care, and possible alternatives to the care – and are liable if a patient is not adequately informed.

**The AO will result in unintended consequences.**

The AO likely will expose RNs and LPNs to increased liability because it places them in a role that is, by law, not required. This is especially true given the AO’s lack of specificity of the circumstances in which it applies, its application to seemingly any type of care, and absence of any limitations. However, the AO fails to acknowledge the need for increased liability coverage that will be necessary if an RN or LPN undertakes this role.

Additionally, the AO would require duplicative informed consent, confusing patients, complicating the already extensive administrative processes in health care, and likely running afoul of hospital licensure requirements. Requiring RNs and LPNs to obtain informed consent does not obviate a physician or other prescribing or treating providers’ legal responsibility to obtain informed consent. They would still obtain the patient’s informed consent. This means that patients would have to sign separate informed consent forms, which is not contemplated in hospital licensure or accreditation requirements. The potential for inconsistency is a significant liability. This would also slow the provision of care and cause patient confusion.

**The Board should limit the AO to dermatologic procedures performed by RNs and LPNs working at medical spas or outside of a facility.**

An AO on informed consent cannot be general or one-size-fits-all. What is appropriate for dermatologic procedures in medical spas or at in-home events is not appropriate for a hospital or clinic setting. RN and LPN

<sup>2</sup> WAC 246-320-141

<sup>3</sup> 42 CFR Part 482

<sup>4</sup> RCW 70.41.380

<sup>5</sup> WAC 246-320-166

<sup>6</sup> Rationale for RI.01.03.01, The Joint Commission (2016).

<sup>7</sup> *Miller v. Kennedy*, 11 Wn.App. 282, 522 P.2d 852 (1974).

<sup>8</sup> Edwin Rauzi, Informed Consent in Washington: Expanded Scope of Material Facts That The Physician Must Disclose to His Patient, 55 Wash. L. Rev. 655, 660 (1980).

<sup>9</sup> RCW 18.79.260

<sup>10</sup> RCW [18.79.270](#)

<sup>11</sup> *Alexander v. Gonser*, 42 Wn. App. 234, 711 P.2d 347 (1985)

responsibilities vary by practice setting based on legal requirements and operating procedures of that setting. WSHA strongly discourages moving forward with a general AO on informed consent. If the Board moves forward with a general AO on informed consent, we request that it differentiates between care settings and directs RNs and LPNs to follow their setting-specific policies, procedures, and legal requirements.

The Board initially intended to update the 2021 AO on Cosmetic/Aesthetic Dermatologic Procedures based on patients' complaints of not being properly informed about the risks associated with Botox and other neuromodulators by nurses working in medical spas or providing treatments outside of a facility. That AO should be updated to clearly and accurately outline an RN or LPN's role in facilitating the informed consent process for dermatologic procedures, e.g., ensuring that the patient received the information and understands the treatment and its implications, ensuring the patient is competent and that consent is voluntary, acting as a witness to the signed consent, or obtaining a patient's signature. We encourage the Board to coordinate with the Medical Commission to ensure that the Commission is providing direction to physicians under whose authority nurses are administering treatments to ensure the physicians are fulfilling their informed consent obligations.

In summary, the Board should limit guidance on informed consent to RNs and LPNs performing cosmetic and dermatologic procedures in medical spas or outside of a facility, coordinate with the Medical Commission to ensure physician responsibilities in the process are being fulfilled, and ensure that RNs and LPNs are appropriately facilitating the informed consent process. The AO should not impose new legal duties that expose RNs and LPNs to liability and could cause hospitals to run afoul of licensure standards. Complaints about inadequate informed consent should be addressed by the legally responsible individual – the prescribing provider or medical director.

Sincerely,



Zosia Stanley, JD, MHA  
Vice President & Associate General Counsel  
Washington State Hospital Association



Katerina LaMarche, JD  
Policy Director  
Washington State Hospital Association

## Frequently Asked Questions (FAQs)

### Category: Prevention and Treatment of Opioid Related Overdoses – Registered Nurse (RN)

### Title: Dispensing and Distributing Opioid Overdose Reversal Medication (OORM)

**Is the Washington State Board of Nursing (WABON) supportive of allowing nurses to dispense and distribute opioid overdose reversal medication (OORM) to high-risk patients in hospital settings following directions of an [authorized health care practitioner](#)?**

The WABON strongly supports allowing the registered nurse to dispense and distribute OORM to high-risk patients in hospital settings following orders from an [authorized health care practitioner](#). The WABON recommends the nurse use the [Scope of Practice Decision Tree](#) to determine if dispensing and distributing OORM is within the RN's individual scope of practice based on legal parameters, competencies, facility policy, practice standards, and other factors. Orders may be done following a patient-specific order, a facility standing order, or the [Statewide Standing Order to Dispense Naloxone](#). For more information, see the WABON's [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) and the [Washington State Department of Health Overdose Education and Naloxone Distribution Website](#).

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

|                        |  |                                    |
|------------------------|--|------------------------------------|
| <b>Title:</b>          | <del>Washington Health Professional Services (WHPS)</del><br>Program Eligibility and Admission Types   | <b>Number:</b> W31.03 <del>2</del> |
| <b>Reference:</b>      | <del>RCW 18.130.160 - Finding of unprofessional conduct—<br/>                 Orders—Sanctions—Stay—Costs—Stipulations.<br/>                 RCW 18.130.175 - Physician health and voluntary substance use<br/>                 disorder monitoring programs (as amended by 2023 c 425).<br/>                 WAC 246-16-220 - Mandatory reporting—How and when to report<br/>                 WAC 246-16-235 - Mandatory reporting—License holder reporting<br/>                 other license holders<br/>                 WAC 246-840-750 - Philosophy governing voluntary substance<br/>                 use monitoring programs.<br/>                 WAC 246-840-760 - Definitions of terms used in WAC 246-840-<br/>                 750 through 246-840-790.<br/>                 WAC 246-840-770 - Approval of substance use monitoring<br/>                 programs<br/>                 WAC 246-840-780 - Conditions for participants entering the<br/>                 approved substance use monitoring program.<br/>                 WAC 246-840-790 - Substance use disorder monitoring stipend<br/>                 program<br/>                 Procedure A49 – Substance Abuse Referral Contracts</del> |                                    |
| <b>Reference:</b>      | <del>RCW 18.130.160;<br/>                 RCW 18.130.175<br/>                 WAC 246-16-220;<br/>                 246-16-235, and 246-840-750 through 246-840-780;<br/>                 WABONN Procedure A49</del>  |                                    |
| <b>Contact:</b>        | <del>Paula R. Meyer, MSN, RN, FREC<br/>                 Catherine Woodard<br/>                 Director, Discipline and Washington Health Professional Services<br/>                 Executive Director,<br/>                 Discipline and WHPS<br/><br/>                 Washington State Board of Nursing (WABON) Nursing Care Quality Assurance<br/>                 Commission</del>   |                                    |
| <b>Effective Date:</b> | <del>January 10, 2025<br/>                 March 11, 2022<br/>                 Date to be Date for Review: January 10, 2027<br/>                 Reviewed: January 2026<br/>                 November 2022</del>   |                                    |
| <b>Supersedes:</b>     | <del>W31.02 – March 11, 2022</del>   |                                    |

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~~W31.01 – March 8, 2019~~  
~~W02.01 – January 8, 2016~~  
~~W01.01 – January 8, 2016;~~  
~~W02.01, and W31.01, W31.02~~

Approved:

*Laurie Soine* ARNP, PhD

~~Laurie Soine~~ Dawn Morrell, BSN, RNPh.D., ARNP,  
Chair  
Washington State Board of Nursing (WABON) Nursing Care Quality Assurance  
Commission

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### **PURPOSE:**

To define the criteria for eligibility to participate in the Washington Health Professional Services (WHPS) program; and define the various processes for admission to the program.

### **PROCEDURE:**

- I. Program Eligibility
  - A. Hold, or be eligible to obtain, a Washington State ~~nurse~~nurse's license.
  - B. Has a ~~s~~Substance ~~u~~Use ~~d~~Disorder diagnosis or circumstances indicate that the nurse may have misused alcohol or drugs.
  - C. Agree in writing to the terms of their individual Program Participation Contract.
  - D. If licensed and residing in another state, provide notification to that state's board of nursing. ~~must~~ Nurses must comply with their home state's ~~notify that state of WHPS enrollment and comply with that state's~~ monitoring program as directed. WHPS and the other state of licensure will jointly monitor the nurse with WHPS receiving quarterly monitoring reports.
- II. Eligible nurses may enter WHPS as follows:
  - A. Voluntary Participation
    1. When a nurse contacts WHPS, WHPS provides the opportunity for the nurse to enter the intake process.

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2. WHPS will admit self-referred nurses as voluntary and will not disclose their participation to the ~~Nursing Care Quality Assurance Commission (NCQAC)~~ Washington State Board of Nursing (WABON) except when they are non-compliant with program requirements. (See Procedure W32 Program Non-Compliance and Discharge Criteria.)
3. When a third party (e.g., family member or employer) refers a nurse and the nurse does not contact WHPS or complete the intake process, WHPS will provide the referral source with information regarding filing a formal complaint with ~~WABON~~ the Board NCQAC.
4. WHPS will ensure ~~that these that-alleged actions are the nurse~~ immediately reported reports or WHPS will report any of the following to ~~WABON~~ the Board NCQAC:
  - ~~a-a)~~ Actions that resulted in patient harm.
  - ~~b-b)~~ Any conviction, determination, or finding that the nurse committed unprofessional conduct.
  - ~~e-c)~~ Information that the nurse is unable to practice with reasonable skill and safety due to a mental or physical condition.
  - ~~d-d)~~ Any disqualification from participation in the federal Medicare or Medicaid program (Office of Inspector General (OIG) Exclusions List).

**II.B. Non-Disciplinary Referral**

- A.1. ~~WABON~~ The Board NCQAC may refer a nurse to WHPS in lieu of discipline when the nurse has an open complaint. ~~The nurse and NCQAC make this agreement~~ according to Procedure A49, WHPS Referral Contracts. If the nurse is already in WHPS, their status changes from voluntary to ~~in lieu of discipline~~ in lieu of discipline.
- B.2. At the conclusion of the intake process, ~~which may be time limited by agreement,~~ WHPS will notify ~~WABON~~ the Board NCQAC by memo regarding case status.

**III.C. Disciplinary Referral**

- A.1. Discipline types referred to WHPS:
  - ~~1-a)~~ Agreement to Practice Under Conditions (APUC)
  - ~~2-b)~~ Stipulation to Informal Disposition (STID)
  - ~~3-c)~~ Agreed Order
- B.2. WHPS will not contact a nurse referred by way of discipline ~~so as not-Doing so would to~~ interfere with the adjudicative process.
- C.3. At the conclusion of the intake process, which may be time-limited by ~~an~~ order, WHPS will notify ~~WABON~~ the Board NCQAC and/or legal services by memo regarding case status.

**IV-III. WHPS Referral Deadlines**

- A. ~~Failure to meet deadline for entry into the WHPS program as defined in a disciplinary order or Substance Use Referral Contract will result in notification to the WABON Board compliance officer and referral to the Substance Use Disorder Review Panel (SUDRP). If the nurse does not meet a deadline for entry into the WHPS program as defined in a disciplinary order or Substance Use Referral Contract, WHPS will inform the NCQAC compliance officer. The Substance Use Disorder Review Panel (SUDRP) may extend referral deadlines dependent upon individual circumstances.~~

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

|                        |   |  |
|------------------------|---|--|
| <b>Title:</b>          | Medication Use  | <b>Number:</b>   |
|                        |   | <u>W40.033</u>   |
| <b>Reference:</b>      | <a href="#">RCW 18.130.160 - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.</a><br><a href="#">RCW 18.130.175 - Physician health and voluntary substance use disorder monitoring programs (as amended by 2023 c 425).</a><br><a href="#">WAC 246-840-750 - Philosophy governing voluntary substance use monitoring programs.</a><br><a href="#">WAC 246-840-760 - Definitions of terms used in WAC 246-840-750 through 246-840-790.</a><br><a href="#">WAC 246-840-770 - Approval of substance use monitoring programs</a><br><a href="#">WAC 246-840-780 - Conditions for participants entering the approved substance use monitoring program.</a><br><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><br><a href="#">WAC 246-840-750 through 246-840-7980</a> |  |
| <b>Contact/Author:</b> | <del>Catherine Woodard</del> <del>Alison Bradywood, DNP, MN/MPH, RN, NEA</del> <del>Paula R. Meyer, MSN, RN, FRE</del> <del>Executive Director</del><br>Director, Discipline and Washington Health Professional Services<br>Washington State Board of Nursing (WABON)   |  |
| <b>Effective Date:</b> | <del>January 10, 2025</del> <del>March 11, 2022</del>   | <b>Date for Review:</b> <a href="#">January 10, 2027</a> |
| <b>Supersedes:</b>     | <del>W09.01 January 16, 2019</del><br><del>W40.01 March 13, 2020</del><br><del>W40.02 - March 11, 2022</del><br><del>W40.01 - March 13, 2020</del><br><del>W09.01 - January 16, 2019</del>  |  |
| <b>Approved:</b>       | _____<br><del>Tracy Rude, LPN</del> <del>Dawn Morrell, BSN</del> <del>Yvonne Strader, RN, Chair</del><br>Washington State Board of<br>Nursing Nursing Care Quality-   |  |

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**Assurance Commission**

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

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**PURPOSE:** Washington Health Professional Services (WHPS) is an abstinence-based program. ~~WHPS expects nurses in the~~ Participating nurses are expected to abstain from program to remain free of all potentially dependence-producing medication, absent a medical need.

Nurses should use one primary prescriber, one dentist, and one pharmacy, ~~and inform their case manager.~~ See the *WHPS Handbook* and *Talbott Medication Guide for a Safe Recovery* for quick medication management guides.

**PROCEDURE:**

I. Prescription Reporting

- ~~A. New Nurse enrollees into the WHPS monitoring program~~ participants in the WHPS monitoring program must consult and review all medications (including ~~over the counter~~ over the counter) with their WHPS ~~cCase m~~Manager and prescriber. The nurse's prescriber must report all medications (including ~~over the counter~~ over the counter) on the WHPS Prescription Information Form. The WHPS medical director will review all Prescription Information Forms. ~~All medications will be reviewed by the WHPS Medical Director.~~ The ~~prescriber~~prescriber will ~~must~~ report all medications to WHPS at least every 90 days.
- ~~A.B. Before the~~ agreeing to the use of any non-emergent (i.e. over the counter), potentially dependence-producing medications, WHPS ~~requires~~ strongly encourages the nurse to consult with their ~~WHPS cCase m~~Manager and their prescriber before the use of any ~~must report~~ non-emergent medications (i.e., over the counter). ~~on the WHPS Prescription Information Form.~~
- ~~B.C.~~ The nurse must notify WHPS as soon as possible of any ~~potentially dependence-producing new~~ prescriptions and require their ~~ir~~ prescriber to submit the WHPS Prescription Information Form. ~~The prescriber must report long term all medications to WHPS at least every 90 days.~~



~~C~~D. The Prescription Information Form includes:

1. WHPS disclosure letter.
2. Diagnosis and medication regimen, to include dosage, frequency, quantity, schedule and expiration date.
3. Appointment frequency.
4. Medication compliance.
5. Safety to practice while taking medications as prescribed.
6. A review of the copy of the nurse's Prescription Monitoring Program (PMP) report.

~~6~~. If the nurse tests positive because of a known prescribed medication and the nurse does not have a Prescription Information Form on file, WHPS immediately contacts the nurse. WHPS instructs the nurse to contact their prescriber to have them fax the Prescription Information Form to WHPS within 48 hours.

~~E~~. If WHPS will consider any medication use to be unauthorized if the WHPS Prescription Information Form is not received within three business days of notification from their WHPS Case Manager, (See Procedure W42 Drug and Alcohol Testing.) does not receive documentation of prescribed medications, WHPS may consider the prescription use to be unauthorized.

~~D~~F. Any unauthorized medications not received received on the WHPS Prescription Information Form within 48 hours three business days will be reported in the nurse's electronic file and may be referred to the Substance Use Disorder Review Panel (SUDRP).

## II. Medication Review

~~A~~. The ~~WHPS ec~~Case management team will document medications listed on the all WHPS Prescription Information Forms in the nurse's electronic file. A case note will accompany any unapproved prescriptions including the rationale and action taken.

~~B~~. The case management team will compare all positive drug tests with the nurse's approved prescription list. If appropriate documentation is not in place, WHPS may consider the use of a prescribed medication as unauthorized substance use.

~~C~~B. The WHPS ~~m~~Medical d~~d~~irector will review all initial Prescription Information Forms for approval or follow-up with the prescriber, ~~that include Talbott Medication Guide medications Class A/B medications, including Gabapentin. The WHPS m~~Medical d~~irector reviews the Prescription Information Form, including the prescriber's determination of the nurse's safety to practice. The medical director and documents the review in the nurse's electronic file case notes.~~

~~D~~C. The WHPS ~~m~~Medical d~~d~~irector may query the WA Prescription ~~Drug~~ Monitoring Program (PMP) database as needed to aid in medication management reviews. The WHPS mMedical d~~d~~irector will place the PMP report in the

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nurse's electronic file case notes.

- D. The WHPS mMedical dDirector will review all prescriptions for long-term use (greater than 90 days) of potentially dependence-producing medications. The WHPS mMedical dDirector may consult with other specialists or require additional assessments.
- E. The WHPS cCase mManager will consult with the WHPS mMedical dDirector for a nurse using long-term opioids and may require a referral to a pPain mManagement sSpecialist and must submit a written agreement for treatment to WHPS. The pPain mManagement sSpecialist must submit the WHPS Prescription Information Form to WHPS every 90 days.
- F. A nurse using long term opioids requires the provider to submit a Written Agreement for Treatment to WHPS. The prescriber must also submit a Prescription Information Form every 90 days.

### III. Medication Referral

- A. WHPS may require specialty evaluations in some circumstances (e.g., pain management and psychiatry). WHPS may require the nurse to cease practice during the evaluation period.
- B. The nurse will schedule the initial appointment within 30 days and notify WHPS of the evaluator, location, appointment date, phone number, and email address~~and fax number~~.
- C. The nurse must sign any necessary Releases of Information to allow communication between WHPS and the nurse's medical providers.
- D. The ~~specialty~~ evaluator ~~shall~~will submit a written report to WHPS that addresses the appropriateness, rationale, and ongoing need for prescribed treatment and medications, and recommendations for alternatives (if available). WHPS requires the evaluator's determination of the nurse's ability to practice safely while using medication. If practicing safely ~~safety to practice~~ is a concern, WHPS will require the nurse to cease practice.
- E. WHPS requires the nurse to comply with all evaluation recommendations. ~~as determined by the WHPS Case Manager~~medical director.

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

**Title:** Drug and Alcohol Testing **Number:** ~~W42.03~~ W42.04

**Reference:** [RCW 18.130.160 - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.](#)  
[RCW 18.130.175 - Physician health and voluntary substance use disorder monitoring programs \(as amended by 2023 c 425\).](#)  
~~[RCW 18.130.160](#)~~  
~~[RCW 18.130.175](#)~~  
[WAC 246-840-750 - Philosophy governing voluntary substance use monitoring programs.](#)  
[WAC 246-840-760 - Definitions of terms used in WAC 246-840-750 through 246-840-790.](#)  
[WAC 246-840-770 - Approval of substance use monitoring programs](#)  
[WAC 246-840-780 - Conditions for participants entering the approved substance use monitoring program.](#)  
[WAC 246-840-790 - Substance use disorder monitoring stipend program](#) ~~WAC 246-840-750 through 246-840-790~~  
  
Procedures  
~~[W3003.02 - Confidentiality, Records Management, and Security](#)~~  
~~[W35 - Contract Terms and Conditions 06.02,](#)~~  
~~[W44 - Unauthorized Substance Use 44.02](#)~~

**Contact:** ~~Catherine Woodard~~ ~~Paula R. Meyer, MSN, RN, FRE~~  
~~Executive Director, Discipline and Washington~~  
~~Health Professional Services~~  
~~Washington State Board of Nursing (WABON)~~  
~~Nursing Care Quality Assurance Commission~~

**Effective Date:** ~~January 10, 2025~~ ~~January 10, 2027~~ ~~November 2022~~  
**Date to be for Reviewed:**

**Supersedes:** [W42.03 – September 2020](#)  
[W42.02 - Not Found](#)

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~~W17.01, W19.01, W20.01, W42.01 - March 8, 2019~~  
~~W20.01 - January 8, 2016~~  
~~, W42.02 W19.01 - January 8, 2016~~  
~~, W43.03 W17.01 - January 8, 2016~~

**Approved:**

~~Dawn Morrell Jeannie Eylar, BMSN, RN~~  
~~Chair~~  
~~Washington State Board of Nursing Nursing Care Quality Assurance~~

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**PURPOSE:**

Washington Health Professional Services (WHPS) randomly tests body fluid, hair, nail or other biological samples to monitor contract compliance.

“Drug testing is a valuable tool for monitoring compliance with board orders and alternative program agreements and in assuring patient safety in a population who have a known substance use disorder who are or will be returning to nursing practice.” *Substance Use Disorder in Nursing*, National Council of State Boards of Nursing (NCSBN), 2011, p.140-141.

**PROCEDURE:**

I. Random Testing

~~I.~~

A. Urine testing frequency

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| Nurse Status               | Minimum Per Year |
|----------------------------|------------------|
| Not practicing             | 12-18            |
| Practicing                 | 24-36            |
| During Transition Contract | 12-18            |

B. The **WHPS** case manager may increase, decrease, or modify testing at their discretion. Examples of modified testing include adding hair, nail, or blood tests. The case manager may request additional testing any time there is reasonable cause to believe the nurse may be at risk for relapse. From NCSBN’s *Substance Use Disorder in Nursing*, the case manager considers these criteria when increasing drug testing frequency:

1. Length of time without use (longer sobriety equals less frequent testing).
2. Identified or reported as unable to practice due to substance use disorder.
3. Expert evaluator findings and recommendations from the treatment program.
4. Severity of **substance use disorder or mental health disease**.
5. Multiple drug use history.
6. Prior treatment history and relapse history.

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7. Work setting (supervised, observed practice ~~may result in equals~~ less frequent testing; isolated, independent work setting ~~may result in equals~~ more frequent testing).
- C. The nurse must activate their drug screening service account prior to their first scheduled check-in date. The nurse receives drug screening service information in their Program Participation Contract and the *WHPS Nurse Handbook*. Nurses must check-in daily (online, telephone, or mobile application), Monday through Friday, except on Washington ~~s~~State holidays.
- D. The nurse must test on the same calendar day as selected ~~in order to to~~ maintain contract compliance.
- E. A collection site technician will observe the sample collection. However, not all collection sites offer observed collection services. If observed collection is not available, the nurse will submit a sample in a dry room setting.
- F. Nurses are responsible for payment of the drug screen and fees.

## II. Collection of Alternative Biological Samples

- ~~H.~~
  - A. Situations may necessitate alternative testing (saliva, nails, hair, blood, or breath) to augment evaluation or monitoring. Circumstances that may require alternative testing include, but are not limited to:
    1. The nurse is unable to submit a urine toxicology screen on a regular basis due to physical limitations, health complications, or exigent circumstances.
    2. A ~~third-~~party evaluator (drug testing contractor or a treatment service) recommends hair testing.
    3. The nurse returns to active monitoring after a period of absence (e.g., an extended vacation).
  - B. The case manager ~~management team~~ may schedule alternative testing when the nurse has ~~particular workwork~~ or personal circumstances that increase or point to the risk of relapse, including but not limited to:
    1. Use history and past issues of non-compliance.
    2. Working in a high-risk setting.
    3. Frequent abnormal or dilute urine specimens.
    4. Working in high-risk profession (e.g., CRNA).
    5. Worksite monitor reports of concern.

## III. Monitoring Interruption Requests (MIR)

WHPS recognizes nurses in the program may request monitoring interruptions to travel away from their home area or for other reasons when testing may be challenging. Interruptions from monitoring must be balanced against the foundation daily check-ins provide, and accountability to achieve greatest success on the path to sustained recovery. Therefore, case managers will follow the procedure when considering a monitoring interruption for approval. To minimize the need for monitoring interruptions, the WHPS case ~~manager~~~~management team~~ and ~~the contracted electronic monitoring program~~ *Recovery Trek* may assist nurses in locating approved drug and alcohol testing sites ~~nearest~~near their location anywhere in the country.

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- A. Nurses requesting a monitoring interruption must give their WHPS case management ~~team~~ a minimum of seven days' notice to allow adequate time for review, absent exigent circumstances.
- B. ~~Nurses are not eligible for monitoring interruptions during their first year in the WHPS program. Case managers will not approve a monitoring interruption during the nurse's first year in the WHPS program.~~
- C. After the first year, case managers may approve no more than ten total monitoring ~~interruption~~ days ~~of monitoring interruption~~ per year. Anything beyond ten monitoring days, such as an extended vacation out of the country or incarceration, will ~~result in~~ ~~be~~ time added to the length of the nurse's contract. Exceptions are limited to medical emergencies and deaths in the immediate family.
- D. Nurses who have had significant non-compliance within the previous year as defined in Procedure W32 *Program Non-Compliance and Discharge Criteria*, or a repeated pattern of three or more missed check-ins within a three-month period, as defined in Procedure W43 *Missed Check Ins and Tests*, prior to their request, are not eligible for monitoring interruptions, except for medical emergencies or deaths in the immediate family.
- E. The case ~~management team~~ ~~manager~~ will schedule a nurse for a urine toxicology screen immediately upon their return from a monitoring interruption. They will schedule a PEth test within seven days upon return if the monitoring interruption ~~lasted~~ ~~lasts~~ more than ten monitoring days. The case ~~management team~~ ~~manager~~ may add additional testing as appropriate depending on circumstances.

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#### IV. Positive Drug Screen Results

~~IV.~~

- A. The case ~~management manager team~~ reviews positive drug test results daily, ~~but not later than the next business day after posting.~~
- B. If the positive test is a result of a known prescribed medication and the nurse does not have a Prescription Information Form on file, WHPS immediately contacts the nurse.
  - 1. WHPS instructs the nurse to contact their prescriber to have them fax ~~or email~~ the Prescription Information Form to WHPS within 48 hours.
  - 2. If WHPS does not receive the Prescription Information Form within 48 hours:
    - a-a) The case ~~manager management team~~ will gather interim verification of the nurse's prescription, which may include contact with the prescriber, pharmacist, or review of the Prescription Monitoring Report.
    - b-b) WHPS may ~~choose to~~ inform the prescriber that WHPS may direct the nurse to cease practice unless the prescriber submits the form by the next business day.
    - e-c) Any unauthorized use may result in cease practice for the nurse.
  - 3. The case ~~manager management team~~ will document all activity in the nurse's ~~electronic~~ monitoring file.
- C. If the positive test is not the result of a known, prescribed medication, and the nurse denies substance use:
  - 1. WHPS requires collection sites to divide samples into two, referred to as split samples. WHPS provides the nurse with the opportunity to have an independent laboratory test the split sample for confirmation.
  - 2. The nurse may request a Medical Review Officer (MRO) review.
  - 3. WHPS will direct the nurse to cease practice.

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#### V. Dilute Samples

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A. The WHPS Nurse Handbook includes information on dilute samples and strategies for nurses to avoid them.

~~A.B.~~ Urine specific gravity below 1.003 in conjunction with a creatinine level below 20 mg/dl constitutes a dilute sample. Dilute samples may mask the presence of drugs and/or metabolites; ~~therefore, all dilute sample submissions result in additional testing.~~

~~B. The WHPS Handbook includes information on dilute samples and how nurses can avoid them.~~

~~C.1.~~ All dilute sample submissions will result in a test (standard panel + EtG) scheduled for the next business day.

~~D.2.~~ A second dilute sample within three months results in WHPS sending a non-compliance notice to the nurse; ~~requiring~~ a written explanation from the nurse; and may require alternative testing.

~~E.3.~~ Any combination of three dilute or abnormal sample submissions within a three-month period requires the nurse to undergo a medical evaluation to determine cause.

~~F.C.~~ WHPS considers a positive dilute test as a valid positive test.

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## VI. Abnormal Samples

~~VI.~~

A. The WHPS Handbook includes information on abnormal sample submissions and strategies for nurses to avoid them.

~~C.B.~~ A urine creatinine level of less than 15 mg/dl constitutes an abnormal sample.

~~D. The WHPS Handbook includes information on abnormal sample submissions and how to avoid them.~~

~~1.~~ All abnormal sample submissions will result in a test (standard panel + EtG) scheduled for the next business day.

~~E.2.~~ A second abnormal sample within three months results in WHPS sending a non-compliance notice to the nurse requiring a written explanation from the nurse and may require alternative testing.

~~F.3.~~ A third abnormal sample submission within three months results in WHPS sending a non-compliance notice to the nurse; ~~requiring~~ a written explanation from the nurse, requires a medical evaluation to determine possible cause, and may require alternative testing.

~~G.D.~~ Following a medical evaluation that is negative for physical cause, subsequent dilute or abnormal sample submissions requires alternative testing and notification of the ~~w~~ork ~~s~~ite ~~m~~onitor (WSM). WHPS may also require the nurse to cease practice and refer the nurse to the Substance Use ~~D~~isorder Review Panel (SUDRP) and ~~A~~buse Team (SUAT).

~~H.E.~~ WHPS considers a positive abnormal test as a ~~valid~~ positive test.

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## VII. Out-of-Temperature Range Samples

A. WHPS considers out-of-temperature range samples as invalid.

B. When the collection site receives an out-of-temperature range sample, the nurse must remain at the collection site and submit a second sample per the collection site's protocols.

A. If a nurse does not provide a second urine drug sample, the out-of-temperature sample will be considered as a positive test and significant non-compliance.

C.

1. WHPS will:

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- D.
  1. Schedule a urine drug screen (standard panel + EtG) the next business day.
  2. Notify the nurse's work site monitor (WSM).
  3. Require the nurse to cease practice.
  4. Notify the nurses Peer Support Group Facilitator.
  5. Require the nurse to cease practice.
  6. Refer the nurse for an evaluation.
  7. Refer the nurse to SUDRP.
- WHPS may:
- E.
  1. Request alternative testing (ex: blood, hair, nail).
  - Increase testing frequency.
  2. —
- The nurse may:
- F.
  1. Request Medical Review Officer (MRO) review the sample at their own expense.
  2. Submit a split sample for testing at their own expense.

- ~~VII.~~
  - A. WHPS considers out of temperature range samples as invalid.
  - B. When the collection site receives an out of temperature range sample, the nurse must remain at the collection site and submit a second sample per the collection site's procedures.
  - C. WHPS considers the nurse's failure to submit a second sample under these circumstances as a positive test.

VIII. Substituted or Adulterated Samples

- ~~VIII.~~
  - A. WHPS considers substituted or adulterated samples as positive tests.
  - A.B. See VII above for action items.

IX. Medical Review Officer (MRO) Review

- ~~IX.~~
  - A. WHPS offers MRO services upon request through the case manager according to the Program Participation Contract and *WHPS Nurse Handbook*. The nurse is responsible for all MRO fees.
  - B. The MRO posts their opinion in the case notes for case manager review.

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

**PROCEDURE**

---

|                        |  |                                |  |
|------------------------|--|--------------------------------|--|
| <b>Title:</b>          | Missed Check-Ins and Tests   | <b>Number:</b>                 | W43.02 <del>+</del>                                  |
| <b>Reference:</b>      | <a href="#">RCW 18.130.160 - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.</a><br><a href="#">RCW 18.130.175 - Physician health and voluntary substance use disorder monitoring programs (as amended by 2023 c 425).</a><br><a href="#">RCW 18.130.160</a><br><a href="#">WAC 246-840-750 - Philosophy governing voluntary substance use monitoring programs.</a><br><a href="#">WAC 246-840-760 - Definitions of terms used in WAC 246-840-750 through 246-840-790.</a><br><a href="#">WAC 246-840-770 - Approval of substance use monitoring programs</a><br><a href="#">WAC 246-840-780 - Conditions for participants entering the approved substance use monitoring program.</a><br><a href="#">WAC 246-840-790 - Substance use disorder monitoring stipend program</a> <a href="#">RCW 18.130.175</a><br><a href="#">WAC 246-840-750 through 246-840-7980</a> |                                |  |
| <b>Contact:</b>        | <a href="#">Catherine Woodard</a><br><a href="#">Paula R. Meyer, MSN, RN, FRE</a><br><a href="#">Executive Director, Discipline and Washington Health Professional Services</a><br><a href="#">Nursing Care Quality Assurance Commission</a> <a href="#">Washington State Board of Nursing</a>   |                                |  |
| <b>Contact:</b>        | <a href="#">Catherine Woodard</a><br><a href="#">Director, Discipline and Washington Health Professional Services</a><br><a href="#">Washington State Board of Nursing (WABON)</a>   |                                |  |
| <b>Effective Date:</b> | <del>January 10, 2025</del> <del>March 8, 2019</del>   | <b>Date to befor Reviewed:</b> | <del>January 10, 2027</del> <del>November 2022</del> |
| <b>Supersedes:</b>     | <a href="#">W43.01 – November 4, 2022</a><br><a href="#">W18.01 - January 8, 2016</a> , <a href="#">W43.01</a>   |                                |  |

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**Approved:**

Dawn Morrell, BSN, RN Tracy Rude, LPN

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Chair

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**PURPOSE:**

Compliance with the Washington Health Professional Services (WHPS) Program Participation Contract is paramount to the nurse's safe practice. Daily check-ins with the contracted monitoring service and frequent drug screening holds the nurse accountable to ensure ~~monitoring program~~ compliance. The National Council of State Boards of Nursing *Substance Use Disorder in Nursing* (2011) contains additional information on drug testing, pp. 142 – 161.

**PROCEDURE:**

- I. Missed Check-Ins
  - A. The nurse must check in daily, ~~on-line~~online or by telephone, Monday through Friday, ~~except for state holidays.~~ If the nurse does not check in, WHPS considers this a missed check-in. The electronic ~~compliance~~ monitoring system posts missed check-ins daily.
  - B. The case ~~manager~~management team checks electronic notifications at least once daily to identify missed check-ins and tests.
  - C. When the nurse misses a check-in:
    - 1. The first missed check-in results in WHPS notifying the nurse that missed check-ins are considered non-compliance and further missed check-ins will result in additional drug testing.
    - 2. The second missed check-in and any subsequent missed check-ins result in WHPS scheduling the nurse for a standard panel + EtG drug test the following business day and notification that WHPS may increase testing frequency.
    - 3. The third missed check-in within a three-month period further results in notifying the ~~w~~Work ~~s~~Site ~~m~~Monitor (WSM), ~~and~~ possibly requiring the nurse to cease practice, ~~and increase in testing frequency.~~
    - 4. A repeated pattern of three missed check-ins in a three-month period constitutes significant non-compliance and results in a referral to the Substance Use Disorder Review Panel (SUDRP). ~~Nursing Care Quality Assurance Commission (NCQAC)~~.
- II. Missed Drug Tests
  - A. The contracted electronic monitoring ~~program~~service randomly chooses nurses in the program to drug test according to WHPS standards. (*See Procedure W42 Drug and Alcohol Testing.*) WHPS verifies with the nurse that they failed to test on their selection date.
  - B. A missed test constitutes an instance of non-compliance unless WHPS can resolve through verification of extenuating circumstances (e.g., employer substantiation of ~~inability~~the inability of the nurse to leave the worksite to test).

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1. WHPS schedules an observed drug test (standard panel + EtG) and requires the nurse to test within two hours. WHPS may increase testing frequency.
  2. ~~In most cases, WHPS will permit the nurse to continue practice. However, depending on the circumstances,~~ WHPS may ~~require~~request the nurse to cease practice.
- C. The second missed test within a one-year period constitutes non-compliance. WHPS will:
1. Schedule an observed drug test (standard panel + EtG) and require the nurse test within two hours.
  2. Notify the ~~w~~W~~s~~S~~i~~t~~e~~ ~~m~~M~~o~~n~~i~~t~~o~~r (WSM).
  3. May require the nurse to cease practice.
  4. Refer the nurse for a substance use disorder evaluation.
- D. The third missed test within a two-year period constitutes significant non-compliance.
1. This results in the actions outlined above in C.
  2. WHPS will refer the nurse to SUDRPNCQAC.
  3. In addition to increased testing frequency, WHPS may require alternative testing (hair/blood/nail samples). The case manager will consider other factors, such as group support attendance, observed behaviors, etc.



# WABON

# Board Survey 2023

Summary Recommendations

1/10/24

Lohitvenkatesh Oswal, Research Assistant



# Recommendations

1. Continue to gather feedback from board members and pro tem members through short surveys and polls.
  - Short surveys and polls conducted after business meetings via Zoom and responses recorded.
2. Continue to develop orientation materials and reference materials for both new and existing members.
  - Operations developed orientation modules and continuing to provide further resources.
3. Continue to develop mentorship within the board.
  - Operations developing mentoring resources including training modules for mentors.

# Recommendations

## 4. Evaluate length of case presentations at CDP

- Item brought to the attention of Discipline unit and in the process of being addressed.

## 5. Consider delaying Board Survey until Board appointments are fulfilled.

- Motion filed at January 2025 Board meeting to change survey schedule.

# WABON – Nursing Assistant Education Updates

**Reuben Argel, MBA, BSN, RN**

**Director**

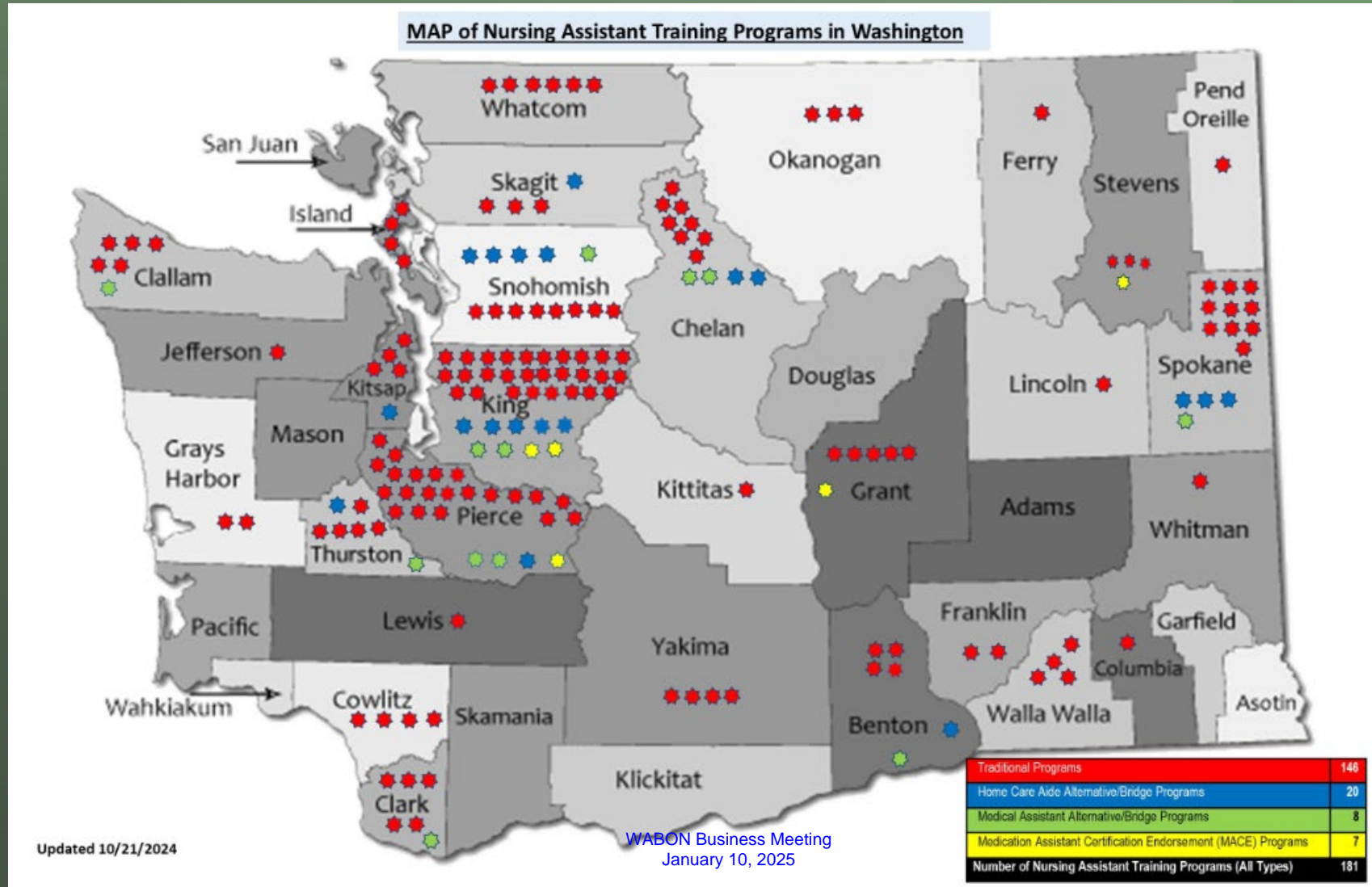
**Christine Tran, BS**

**Program Specialist**



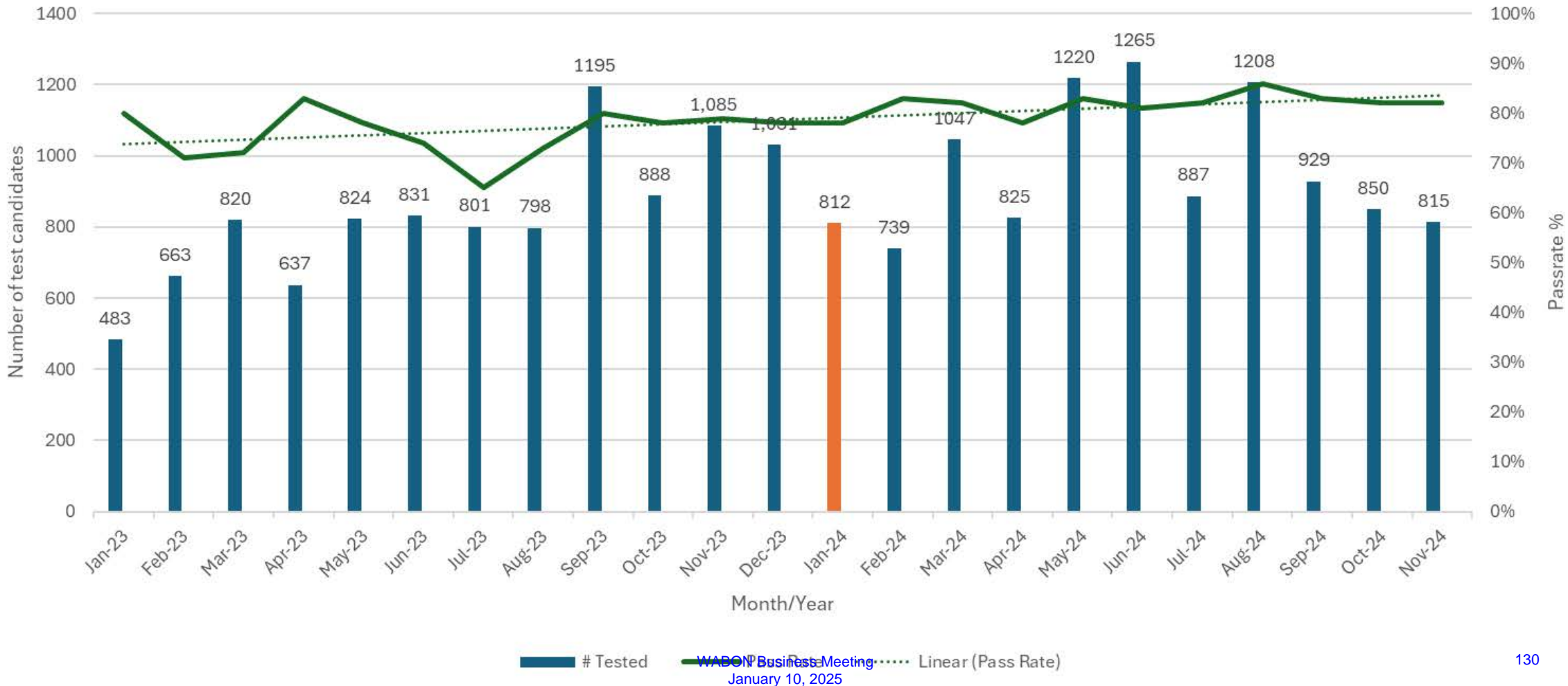


# Approved Nursing Assistant Certification Programs in Washington State



# Nursing Assistant Skills Test Volume and Average Pass Rate

NAC Skills Testing Data



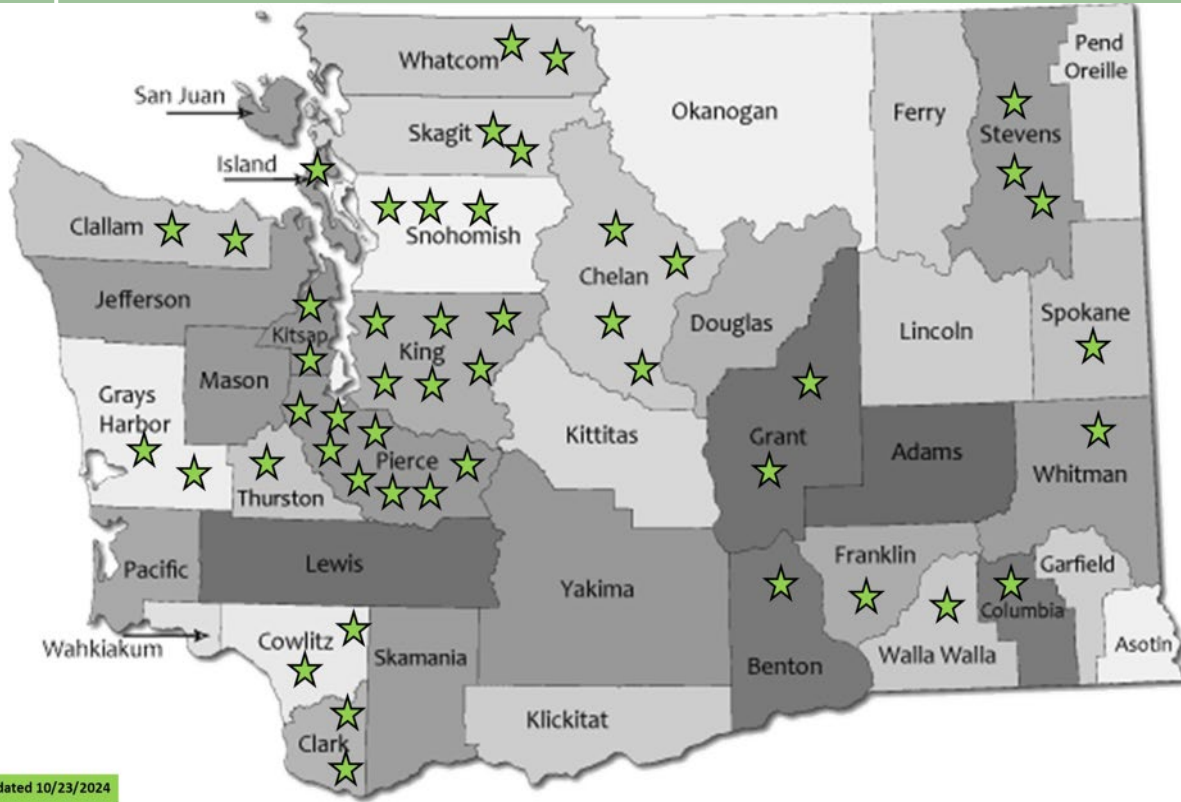
Pilot Programs have started testing their own students!

**GOAL: REDUCE PROCESSING TIME TO CERTIFICATION TO LESS THAN 7 DAYS.**

Licensing: NAC application within 2-3 days upon receipt, as of 12/18/24.

Credentia Contract: signed and approved, effective 01/01/25.

Ruth Rono, DNP student, and Team submitting this QI project to the Seattle Nursing Research Consortium Conference 04/28/25.



Updated 10/23/2024

# RURAL HOSPITAL AND HIGH SCHOOL PROGRAM PARTNERSHIP (BILL 5582)

1. Two Pilot programs starting in Spring 2025

## 2. Projected Programs

| High School /College / University | Location      | County      | Rural Hospital   | Program                                       | Program Start |
|-----------------------------------|---------------|-------------|--|---|---------------|
| Walla Walla University            | College Place | Walla Walla | Dayton General Hospital  | Partnering with Columbia County Health System | Summer 2025   |
| Eastmont High School              | Wenatchee     | Douglas     | Confluence or/and Bonaventure or/and Cashmere Convalescent Center. | New CTE program                               | Fall 2025     |
| Quincy High School                | Quincy        | Grant       | Quincy Valley Medical Center                                       | New CTE Program                               | Fall 2025     |



4. ISSUE: High School CNAs are not being hired by healthcare facilities!

FACTORS: LNI rule confusion/misinterpretation. Perception on hiring students.

ACTION: Public Meeting (via Zoom) on 01/29/25, 3pm - 430pm.

**\*\*Reach out to partner groups and association for assistance\*\***





# Implementation of Specialty Curriculum

## Mandatory Implementation Date:

- Programs must implement specialty curricula by Sept 1<sup>st</sup>, 2025.

## Specialty Topics:

- Developmental Disabilities
- Mental Health
- Dementia

**Goal:** Employment-ready nursing assistants to meet Adult Family Home, Assisted Living training requirement

**Current issues:** 1. Lack of course availability for Specialty Topic courses offered to Program Instructors.  
2. NA program will need to increase program cost which will be partially pass on to students.

**Current actions:** 1. WABON consider delayed enforcement of the Nursing Assistant specialty curriculum in WAC 246-841A-440.

# REQUEST FOR MOTION

1. SPECIALTY CURRICULUM – NOTICE OF DELAYED ENFORCEMENT  
(QUIANA DANIELS)
2. RESCINDING AND REFILEING NA SKILLS TESTING CR-101  
(AJAY MENDOZA)
3. NURSING ASSISTANT EDUCATION SUBCOMMITTEE (QUIANA DANIELS)

# SPREADING OUR PASSION TO OUR COMMUNITY!



Eunice and Reuben growing the WABON relationship with OSPI CTE Director (Dr. Krista Fox – next to Reuben) and Program Supervisor (Katie Dailey - next to Eunice)



Reuben was honored to be the keynote speaker at the Clover Park Technical College Certified Nursing Assistant Graduation (Dec 2024)

[WABON Business Meeting](#)  
January 10, 2025



Alison speaking to Legislature regarding Nursing Assistant Workforce and Strategies for Growth. Anthony and Reuben providing moral support.



QUESTIONS?

Happy New Year!!

NA Education Team



Dennis, Christine, Sandra, Eunice, Amy, Reuben, Ruth, Alana



## POLICY STATEMENT

### Number:

Subject: Delayed Enforcement of the Nursing Assistant specialty curricula of the common curriculum in WAC 246-841A-440.

Supersedes: Not applicable

Contact:

Email:

Approved By: \_\_\_\_\_

Date Approved: DATE

**Description:** In order to provide Washington state nursing assistant training programs time to implement the requirements in the recently adopted nursing assistant training program core curriculum rule at WAC 246-841A-440(1)(c), the Washington State Board of Nursing (Board) will delay enforcement of this rule through September 1, 2026. Nursing assistant training programs must continue to implement the remainder of the common curriculum requirements in rule.

**Background:** In 2023, the Board adopted changes to WAC 246-841A-440, requiring that approved nursing assistant training programs implement a common curriculum as developed by the Board. The requirement to implement specialty curricula in mental health, developmental disabilities, and dementia was delayed by rule until September 1, 2025. WAC 246-841A-440(1)(c).

The Board has since learned that implementation of the specialty curricula by this date will result in unanticipated impacts to nursing assistant training programs, including:

- There is a backlog of trainers waiting to obtain the Department of Social and Health Services (DSHS) certification to provide training in specialty curricula to nursing assistant trainees. It is unclear if sufficient certified trainers will be available to nursing assistant programs training in 2025.
- Nursing assistant programs will need to increase program costs to include the specialty curricula hours, costs which will at least partially pass on to trainees.
- Of the nursing assistant trainees currently in programs, approximately 38% will be entering acute care hospitals where the specialty curricula is not required.

Enforcing the addition of specialty curricula at this time would create an unnecessary barrier to licensing for nursing assistants, already in short supply in this state.

The Board has initiated the rulemaking process to review WAC 246-841A-440(1)(c) and determine the best way to integrate this training into the profession. The Board will delay enforcement of WAC 246-841A-440(1)(c) until September 1, 2026 during that process.

# Creating a Remote Rural Nursing Education Program in Washington State



WASHINGTON STATE DEPARTMENT OF HEALTH

## Rural Health

*Rural Nursing Education Program (RNEP)*

**Kelly K. Shaw, MPH**, Director, Health Workforce and Primary Care Systems Development Center for Health Systems and Workforce Transformation. Executive Office of Healthcare Innovation and Strategy. DOH

**Brenda Senger, PhD, MA, RN**, Associate Professor of Nursing, Gonzaga University;

**Kristen Kienzle**, Administrative Assistant, RNEP, DOH

# Background



Washington Center for Nursing Education (WCN) Rural Gaps Workgroup



Rural Nursing Education Program (RNEP)  
support of a legislative proviso



RONE: Rural Outreach Nursing Education Program: started 2009.

3 cohorts of 39 graduates in 2023

# ABOUT RNEP

- To be a hub that provides access to remote nursing education
- Academic Partners
  - Big Bend Community College
- Community partners
  - East Adams Hospital
  - Lincoln Hospital
  - Coulee Medical Center
  - Ferry County Hospital
  - Othello Hospital
- Students: Recruit local students to live, learn and work in their communities



WASHINGTON STATE DEPARTMENT OF HEALTH

# Rural Health

Rural Nursing Education Program (RNEP)



ADVISORY COMMITTEE



RNEP DIRECTOR



Administrative Assistant



Rural Nurse Educator  
(MSN)



Student Support  
Specialist



Short Term Consultants

# The Road to a Remote Nursing Education Program

## Environmental Scan

Establish a need for rural nursing education across communities

## RNEP

Create a center for nursing programs, rural facilities and students to access remote nursing education

## Collaboration

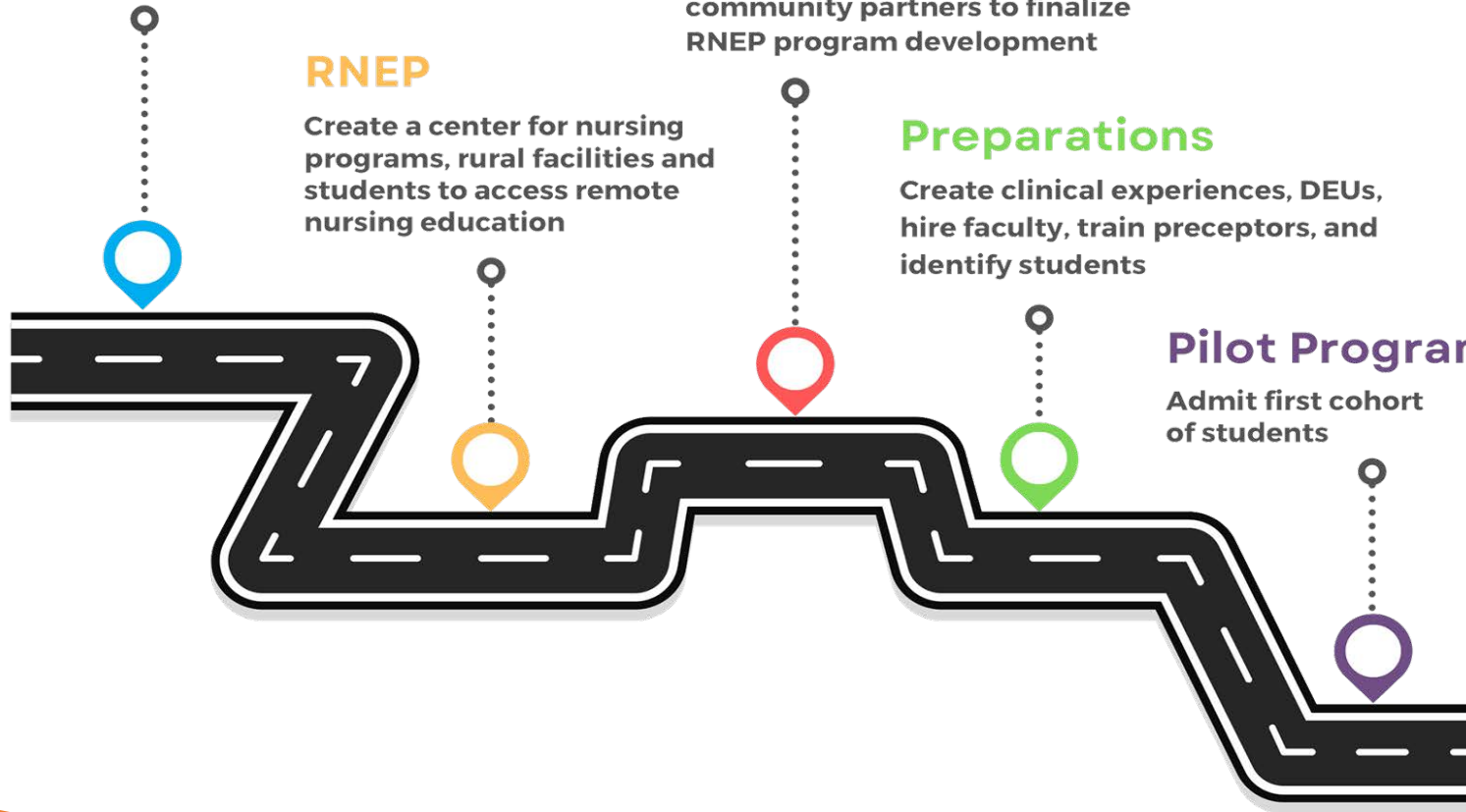
Meet with academic and community partners to finalize RNEP program development

## Preparations

Create clinical experiences, DEUs, hire faculty, train preceptors, and identify students

## Pilot Program

Admit first cohort of students





# Environmental Scan: Nursing Workforce



The Washington Sentinel Network data shows facilities that serve mostly rural residents have exceptionally long vacancies for nurses in small hospitals, rural health clinics, and long-term care settings.

In addition, employer comments highlight lack of community resources across settings that affect staffing such as lack of childcare, transportation, and housing.

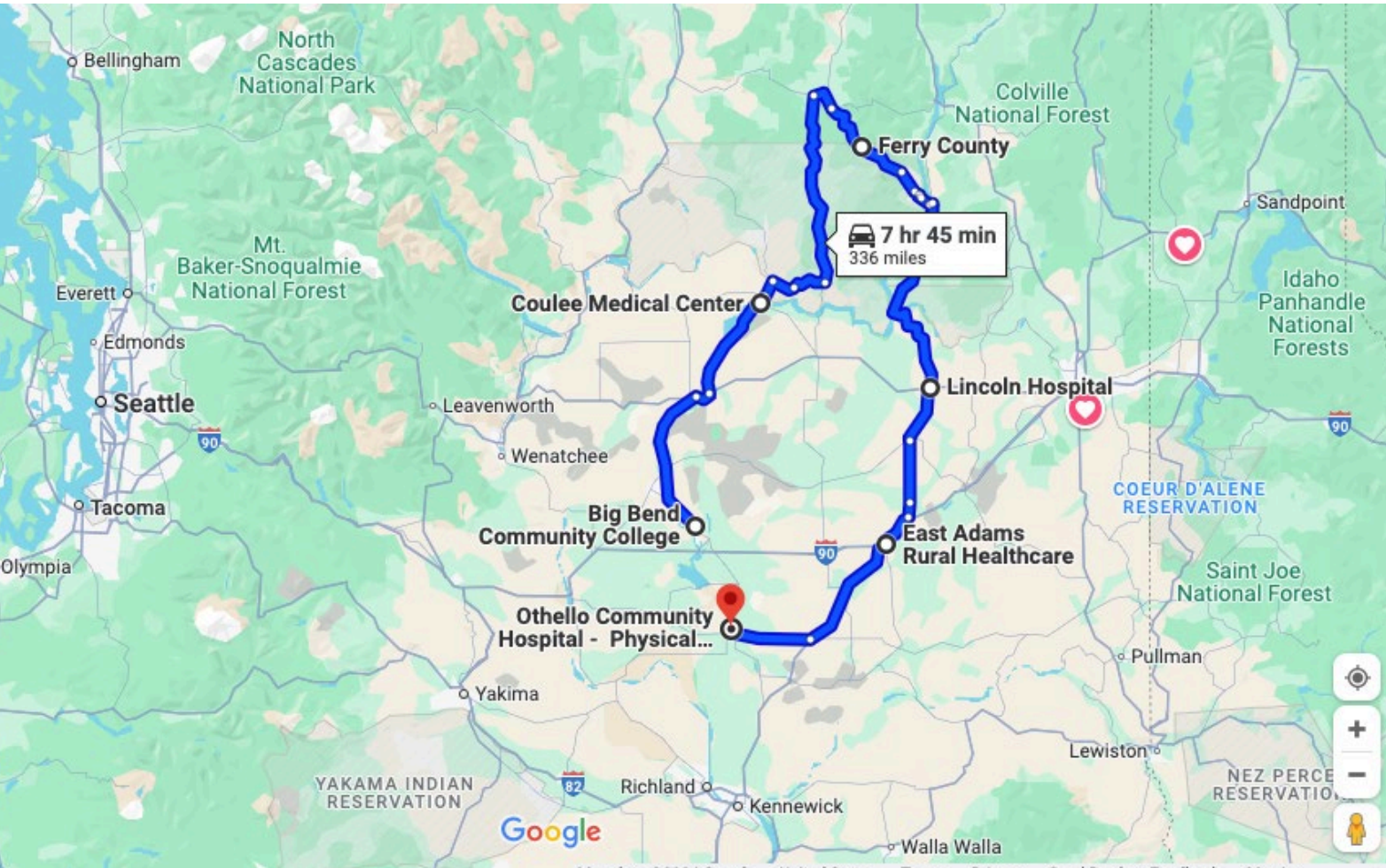


# Preparations: Academic Partner

- Community College(s)
  - Big Bend Community College
  - Peninsula Community College
- Coursework is 100% online
- Rural Cohort of 6-10
- Hire and train clinical faculty
- Preceptor DEU training
- Transfer learning objectives to rural clinical environment
- DEU clinical model
- Robot/Virtual simulation technology



# Preparations: Community Partners



- East Adams, Othello, Ferry County, Lincoln Hospital, Coulee Medical Center
- Student is an employee
- Preceptor training
- Accept DEU clinical models
- Flexible scheduling
- Locate MSN prepared nurses in the community
- Work with community for specialty clinical placements

# Preparations: Students

---

- Identify students from CAH who want to stay in their rural
- Access to technology and internet
- Take coursework asynchronously
- Meet synchronously in small groups online
- Meets admission criteria for community college
- Student support





# Program Timeline

## Fall 2024

- Identify academic partner
- Identify community region and partnerships
- Identify students
- Seek additional funding
- Make site visits

## Spring 2025

- Seek legislative funding
- Hire student support personnel
- Confirm curriculum
- Preceptor training

## Fall 2025

- Begin first cohort of students to start pre-requisites
- **Start nursing courses fall 2026**

# Impact



Rural Nurse workforce: Washington State has 3<sup>rd</sup> largest nursing shortage



There is a critical shortage of registered Nurses working in rural communities



Remote access to nursing education in rural communities will help meet the workforce needs



Increase diversity of rural students who otherwise would not be able to access nursing education



Students can train, live and work in their rural communities as professional nurses

# Next Steps

- Funding:
  - HRSA Grant
  - Legislative Bill
  - DOH, Rural Division Operating Budget
  - HEET Grant
- Curriculum
  - Pre-requisites
  - Online coursework
  - Clinical
  - Simulation Vans
- Spreading the word

# Questions



# References

- Area health Education Center (2018, December) [\*Strengthening the Local Nursing Workforce for Rural and Tribal Communities.\*](#)
- Stubbs, B., Skillman, S., Center for Health Workforce Studies, University of Washington (2020, March). [\*Washington State's 2019 Registered Nurse Workforce.\*](#) *Washington Center for Nursing.*
- Stubbs, B., Skillman, S., Center for Health Workforce Studies, University of Washington (2020, March). [\*Washington State's 2019 Advanced Registered Nurse Practitioner Workforce.\*](#) *Washington Center for Nursing*
- Carlin-Menter, S, & Brewer, C, (2014, March) *Evaluation of the Rural Outreach Nursing Education (RONE) program.* Washington Center for Nursing





# LEGISLATIVE UPDATE

## 2025 Regular Session

# WABON Legislative Panel

## Members

- Quiana Daniels – Chair
- Kim Tucker
- Sharon Ness
- Helen Myrick
- Yvonne Strader
- Cydne Marckmann

## Staff

- Alison Bradywood
- Chris Archuleta
- Anthony Partridge
- Karl Hoehn
- Bonnie King
- Jessilyn Dagum

# Legislative Panel Logistics



Panel meetings will be held every Wednesday during session from 4:00pm to 5:00pm

- First meeting is January 8, 2025
- Last meeting is April 30, 2025



Bill reports will be disseminated every Tuesday and Friday

# WABON Legislative Authority

- The board has independent authority to set positions on legislative matters
  - May adopt a different position than the Department of Health
- Possible positions:

Support

Support Concept

Neutral

Concerns

Oppose

- HSQA may assign the board as a lead or support role for bill analyses



# 2025 Legislative Session





# Regulatory Affairs



**WORD OF THE YEAR**



**“INTERESTING”**

# 2025 Legislative Session

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- Pre-filing period began on **December 2, 2024**
- Legislative session officially begins on **January 13, 2025**
  - Long session – 105 days
  - Pre-filed and new bills are introduced on the first day of session.
- Cutoff dates are published on the first day of session
  - Dates set by the legislature for specified action (i.e., when bills must be reported out of committee).
- Regular session officially ends on **Sine Die, April 27, 2025**

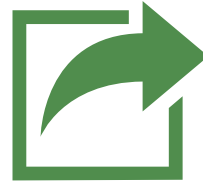
# Senate Bill 5051

## WABON Agency Request Legislation (ARL)

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WABON's ARL was approved by the Governor's Office for introduction in the 2025 Legislative Session



Senator-elect Bateman introduced [SB 5051](#) in the Senate with Senator-elect Riccelli as co-sponsor



Still seeking sponsorship in the House



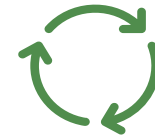
# State Budgetary Outlook



The cost of continuing current programs in the operating budget will exceed currently forecasted revenues



There is an estimated budget shortfall of \$10 – 12 billion over the next four years



Priority is to maintain service levels

\*First double-digit deficit in 35 years

# A Changing Political Landscape



## Elected Executive Offices

Governor – Bob Ferguson

Attorney General – Nick Brown

Lands Commissioner – Dave Upthegrove

Insurance Commissioner – Patty Kuderer



## Increased legislative majorities for Democrats in both chambers

House (59 D – 39 R)

Senate (30 D – 19 R)

# Leadership in the Legislature

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## **House of Representatives**

Speaker of the House – Laurie Jinkins  
Majority Leader – Chris Stearns  
Minority Leader – Drew Stokesbary

## **Senate**

President of the Senate – Denny Heck  
Majority Leader – Jamie Pedersen  
Minority Leader – John Braun

# Health Care Committee Leadership

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## House Health Care & Wellness

Chair – Dan Bronoske

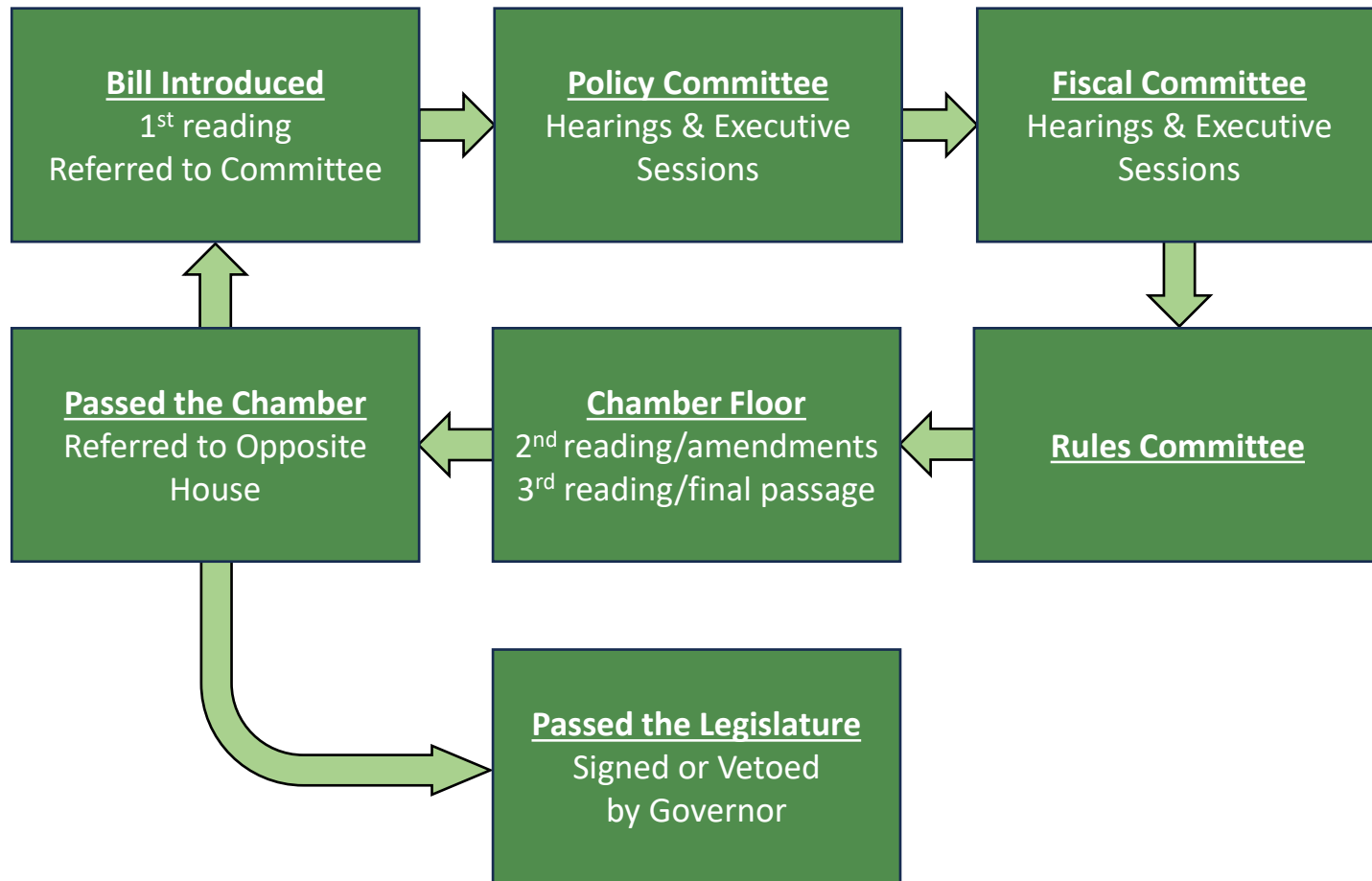
Vice Chairs – Alicia Rule  
& Debra Lekanoff



## Senate Health & Long-term Care

Chair – Annette Cleveland

# Bill Process Flow



# 2025 Tentative Cutoff Calendar

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| <b>House of Origin</b>  |                                   |
|---|-----------------------------------|
| <b>February 21</b>  | <b>Must pass policy committee</b> |
| <b>February 28</b>  | <b>Must pass fiscal committee</b> |
| <b>March 12</b>   | <b>Must pass house of origin</b>  |
| <b>Opposite House</b>   |                                   |
| <b>April 2</b>  | <b>Must pass policy committee</b> |
| <b>April 8</b>  | <b>Must pass fiscal committee</b> |
| <b>April 16</b>   | <b>Must pass opposite house</b>   |
| <b>Next Steps</b>   |                                   |
| <b>By April 27 – Concurrence, Dispute, Conference Committee</b> |                                   |
| <b>April 27 – Sine die (last day of regular session)</b>        |                                   |
| <b>Governor signature (20 days after Session)</b>               |                                   |



A photograph of the Washington State Capitol building at dusk. The building is a large, classical-style structure with a prominent dome and a portico with columns. The sky is a mix of orange, yellow, and blue. In the foreground, there are green trees, a fountain, and a well-manicured lawn with streetlights.

# Legislative Panel Training

[START COURSE](#)

Enhance your knowledge of the Washington state legislative process and how the Washington State Board of Nursing (WABON) participates in effective policy development and legislative advocacy.

Click on the first lesson below—or the “*Start Course*” button above—when you’re ready to begin.

# Questions?

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# Conference Update and Next Steps

## Voice and Vision Conference – October 2, 2024

### 2024 Evaluation – what went well

- Evaluations are very positive overall! (over 80% agree/strongly agree)
- Agenda was deliberate, fresh content, action-oriented
- People were excited!
- Active engagement
- No incentives and not needed
- Great booths, headshots

### 2024 Evaluation – Could be better

- Keynote = white/privileged perspective
- HeartMath – spoke slowly
- Budget overage r/t low attendance
- No pictures taken – added on social media – have templates ready to go and add pictures. Post mid-event.
- Attendance low – limited advertising (banner but not stagnant ad on homepage, social media - tagging), Olympia location difficult for travel.
- Identify dates a year in advance, earlier planning
- Headshots not received by all (use as an opportunity for outreach now)

# Conference Update and Next Steps

## Future Planning

### 2025

- Every other year requirement to address SUD
- Need to plan more carefully for next conference (separate from financial needs)
- Big political changes, organizational building - use time to plan for 2026
- “Hit it while its hot” vs. intentional planning → plan for Spring 2026?
- Contract speakers early – incentivize attendance/payment beyond base price (ex. 1% ticket sales)
- Add social media outreach as part of speaker contracts (define # postings)
- One day conference is hard to recruit for national speakers
- Partnership with another organization in conference planning? – shared vs. sponsored
- Concern with use of licensing fees to cover costs/FTE towards

# Conference Update and Next Steps

## Future Planning

### 2026

- Likely not positive budget balance by 2026 – either need to reduce expenses/increase revenue
- Consider fall/spring conference timing – early June, early Sept?
- Plan agenda/speakers -

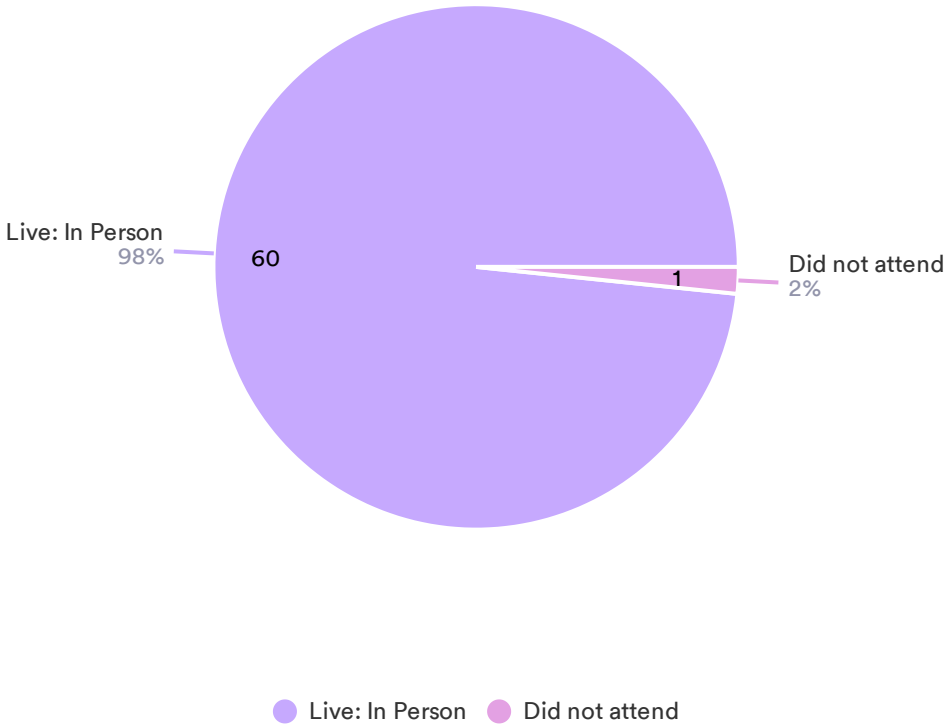
### Next Steps:

- **Reconvene committee in May to evaluate HELMS revenue (before Board meeting)**
- 2025 – participate in other conferences with booth/flyers, speakers, etc. Listening sessions?
- 2026 – plan for Fall 2026

# Washington State Board of Nursing 2024 Conference

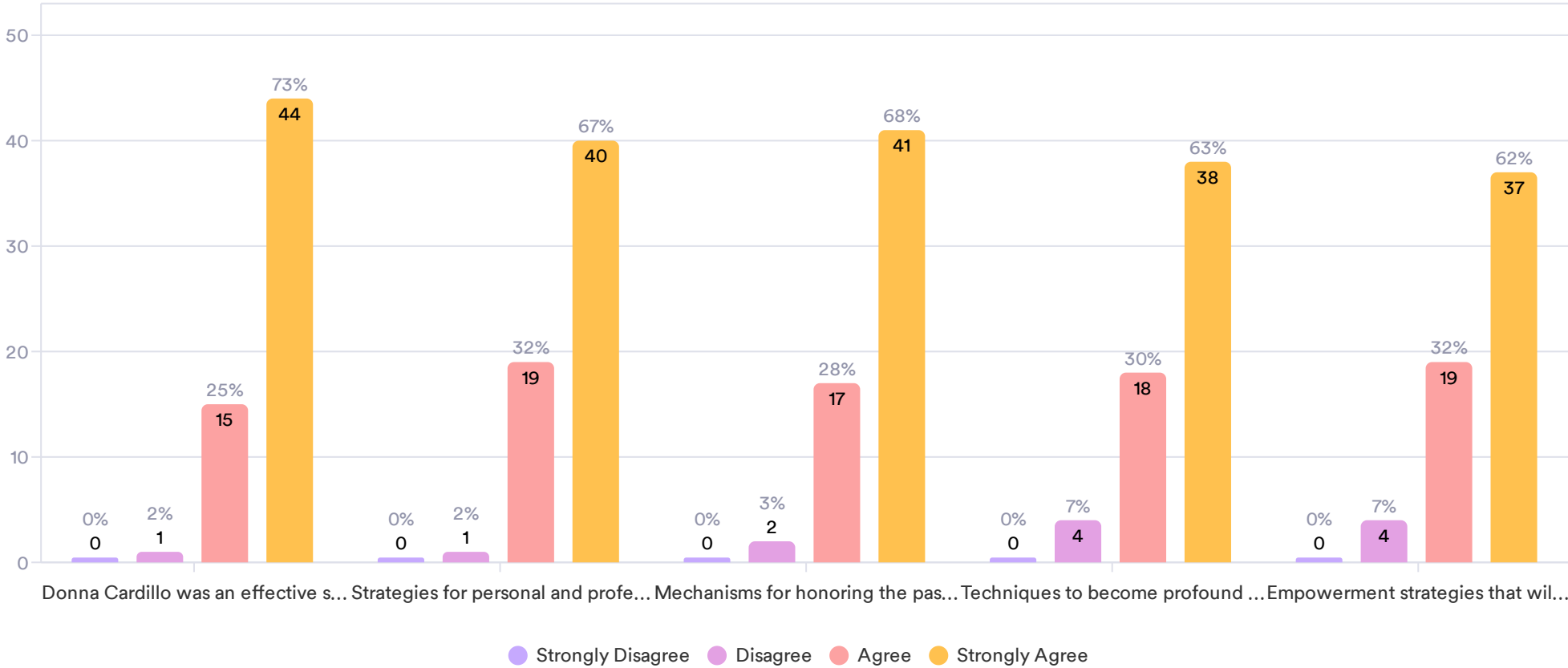
Please confirm that you attended Keynote 1: A Nursing Renaissance™: The Dawn of a New Era

61 Responses



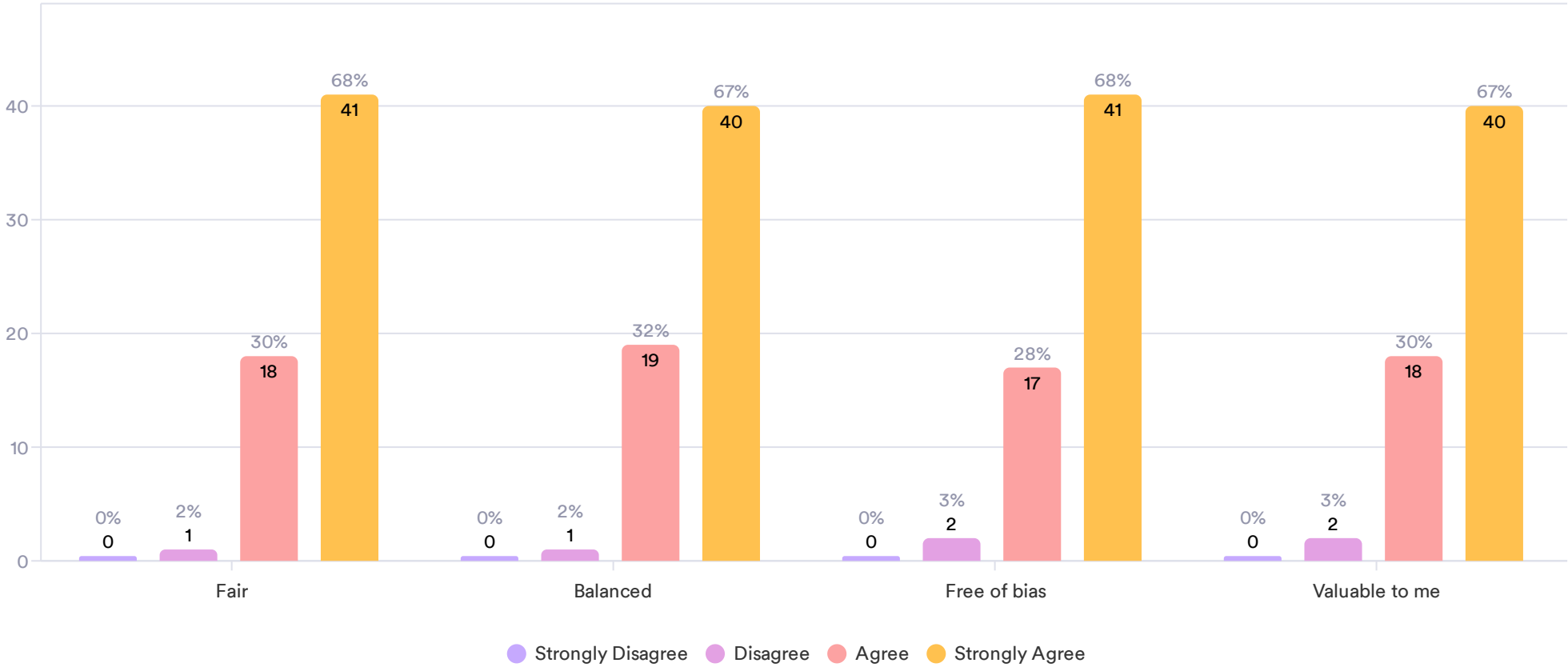
## Keynote 1: A Nursing Renaissance™: The Dawn of a New Era

60 Responses- 1 Empty



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

60 Responses- 1 Empty



## Please offer additional comments about Keynote 1

22 Responses- 39 Empty

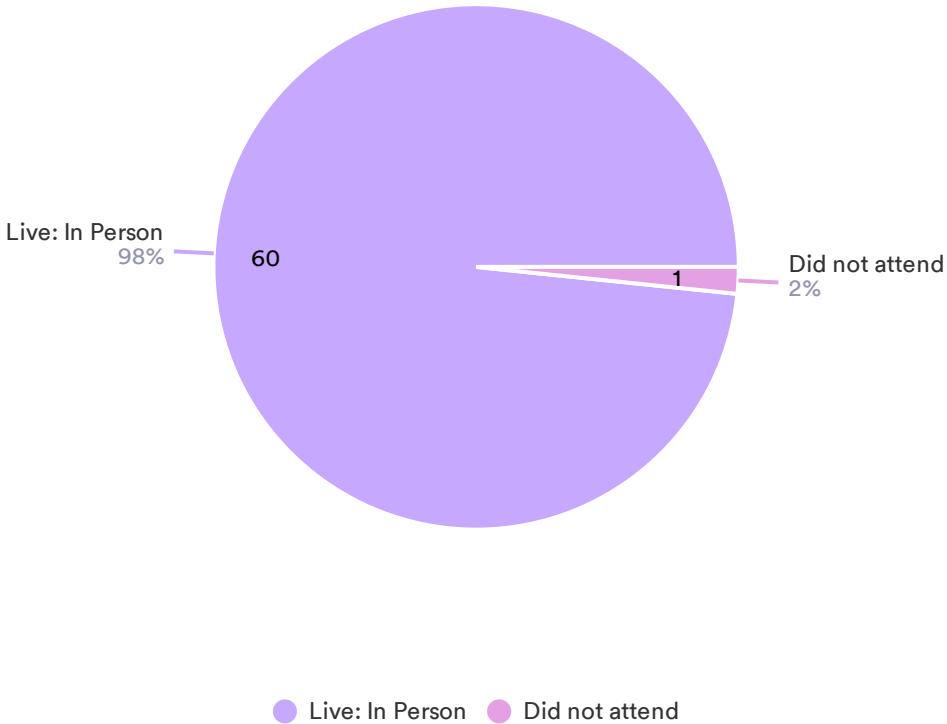
| Data  | Responses |
|---|-----------|
| Loved her message   | 1         |
| Very much delivered from the perspective of a privileged white woman.   | 1         |
| Highly appreciate the great information!  | 1         |
| Uplift yourself when introduced self was the one I am exercising since. Thank you.                              | 1         |
| Was easy to listen to and a good presenter  | 1         |
| Excellent tips and resource provided that we could use in the monment and plan for a better future as nurse.    | 1         |
| Engaging speaker  | 1         |
| She had helpful strategies for responding to myths like " not recommending nursing to others as a profession" . | 1         |
| Other entries   | 14        |





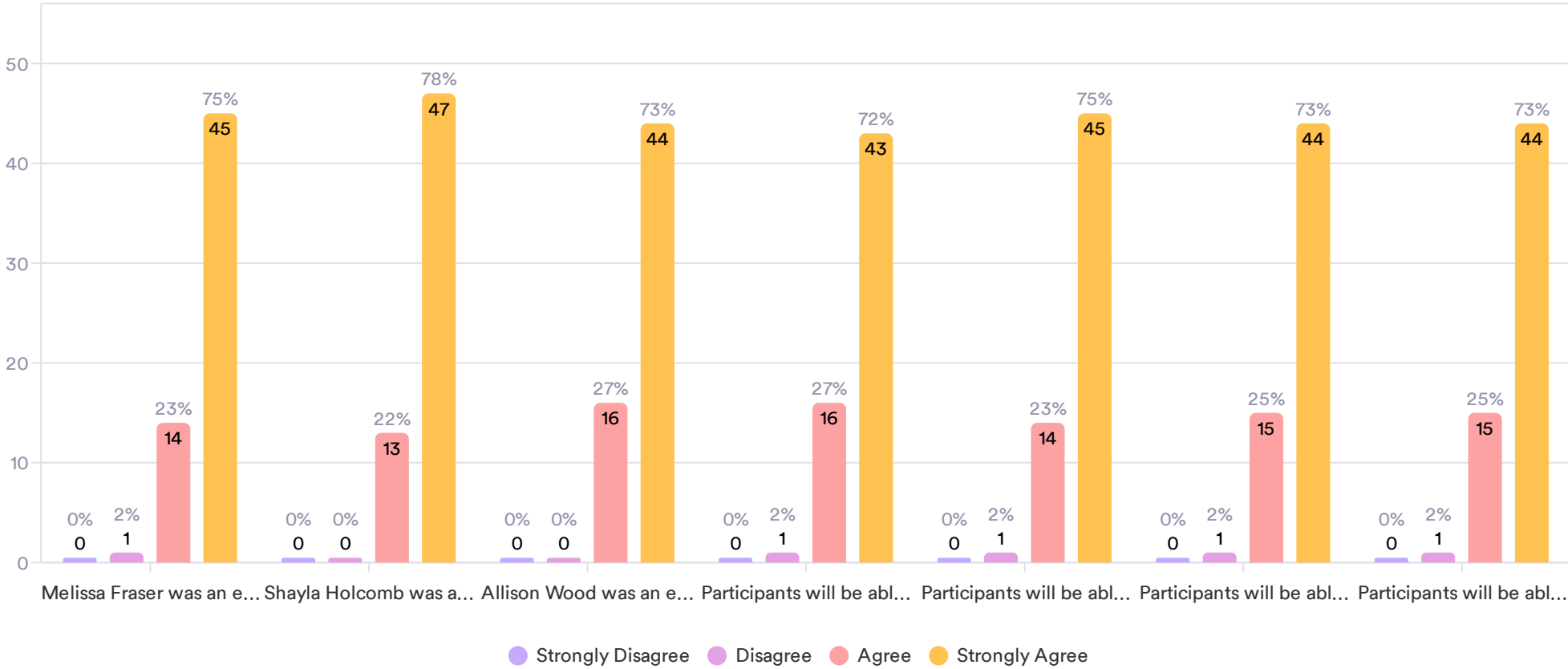
Please confirm that you attended Session 2. Support for Nurses: Managing Substance Abuse Among Health Professionals

61 Responses



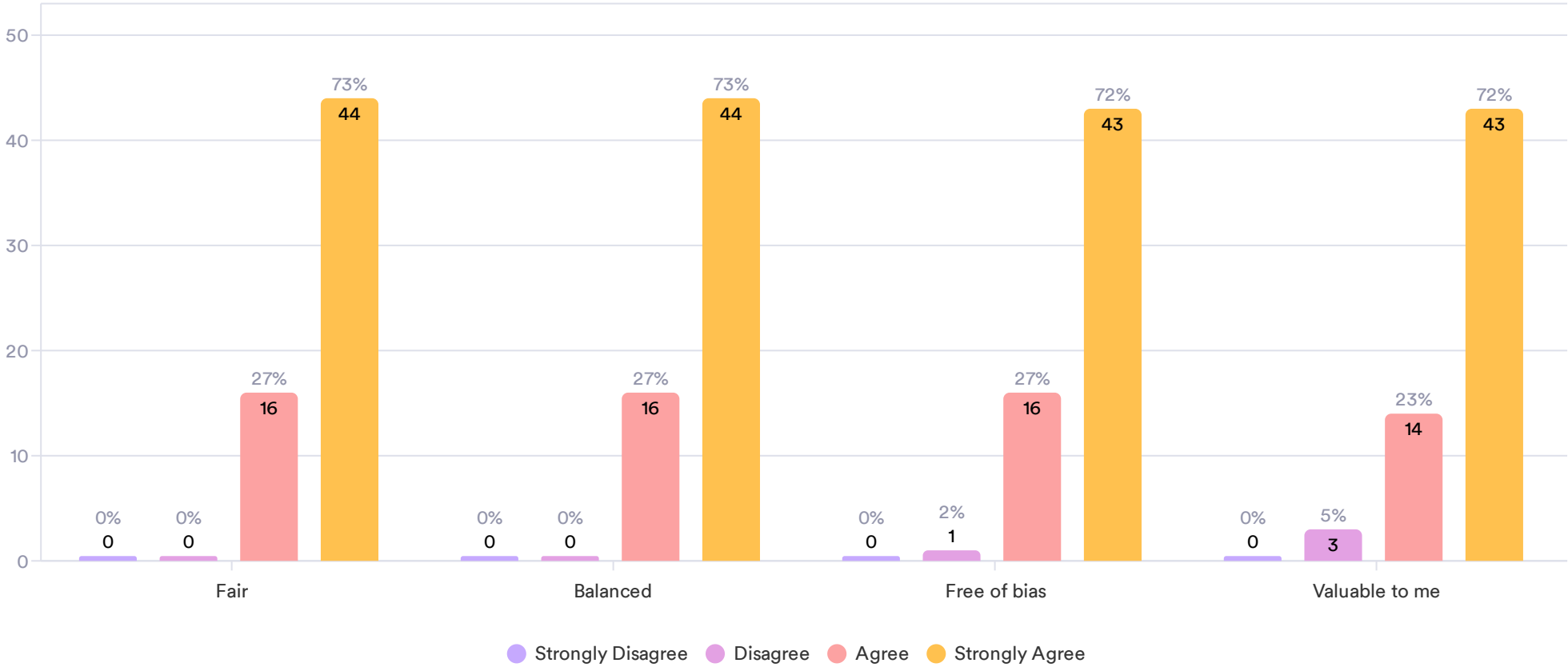
## Session 2. Support for Nurses: Managing Substance Abuse Among Health Professionals

60 Responses- 1 Empty



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

60 Responses- 1 Empty



## Please offer additional comments about Session 2

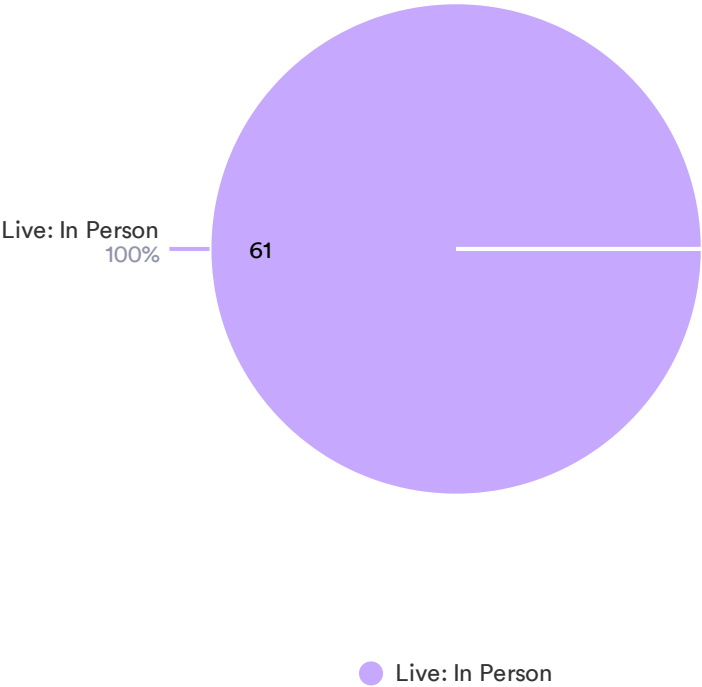
19 Responses- 42 Empty

| Data  | Responses |
|---|-----------|
| I appreciated the panelist who shared their stories   | 1         |
| This was a great session. So valuable to hear the lived experiences of the panel members!! Thank you.   | 1         |
| Thank you all for unselfishly sharing your experiences!   | 1         |
| Learned about how to assess a co-worker who could be affected by substance abuse and how to help or make a report an individual who needed appropriate help | 1         |
| They are brave women to step up to sit on this panel  | 1         |
| I was glad to hear there was a long period of support for participating nurses.   | 1         |
| Very interesting and helpful for the work I do  | 1         |
| Much needed to help reduce the stigma   | 1         |
| Other entries   | 11        |



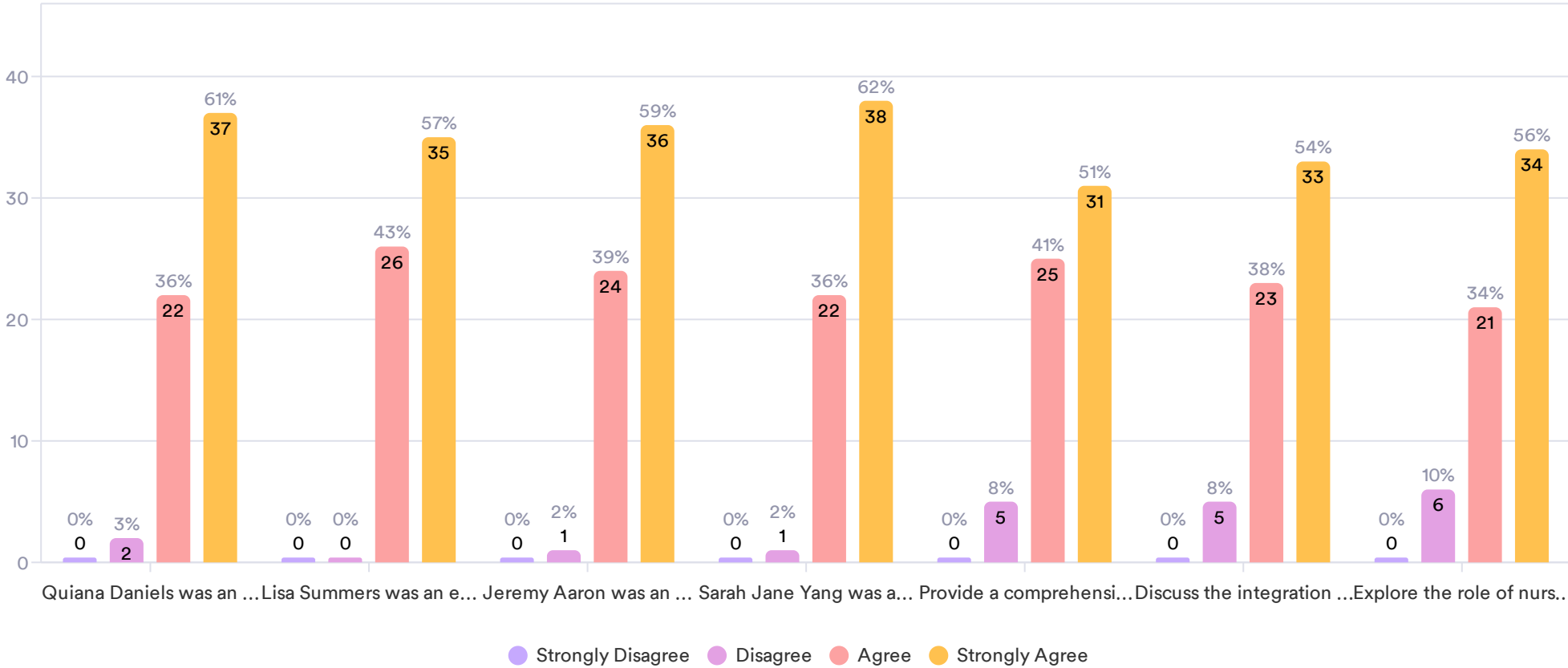
Please confirm that you attended Session 3 Possibilities Panel: Finding your inspiration, passion, vision, and pathway in the profession and beyond

61 Responses



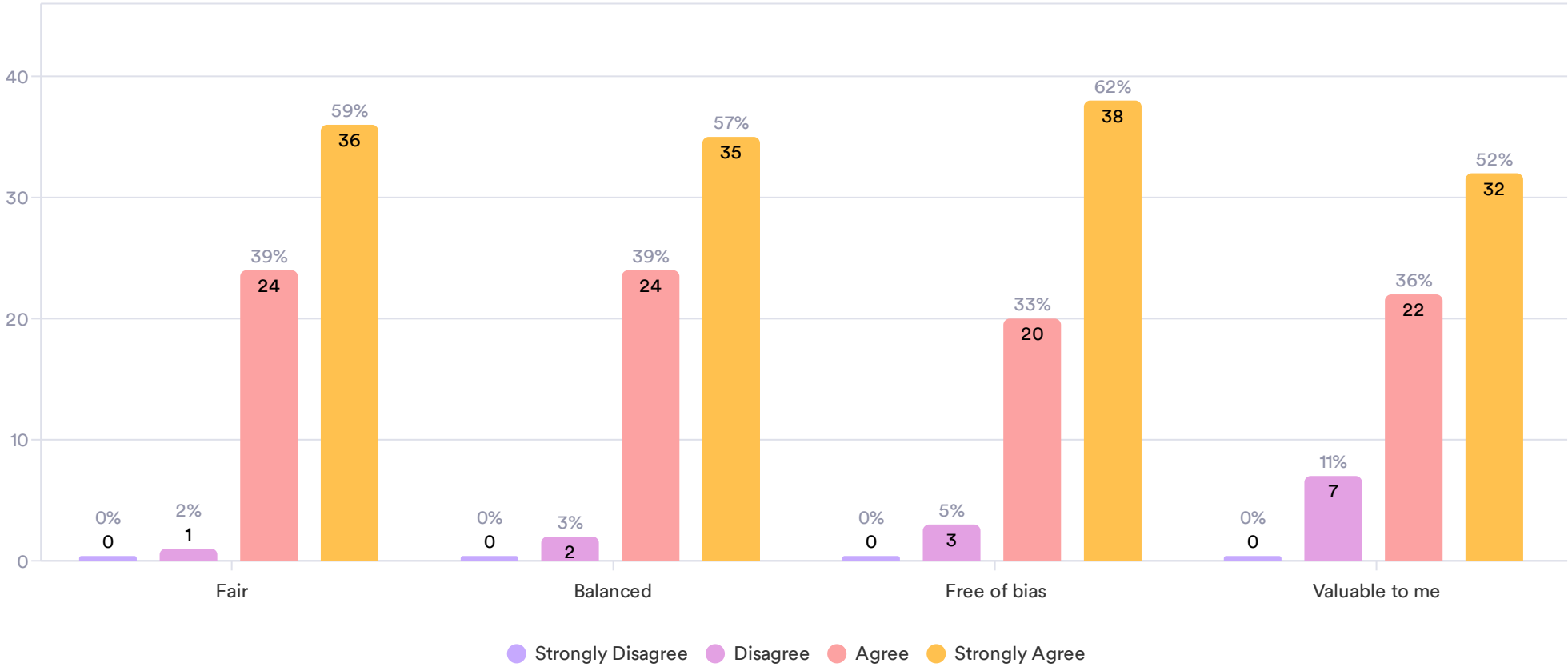
## Session 3 Possibilities Panel: Finding your inspiration, passion, vision, and pathway in the profession and beyond

61 Responses



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

61 Responses



## Please offer additional comments about Session 3

15 Responses- 46 Empty

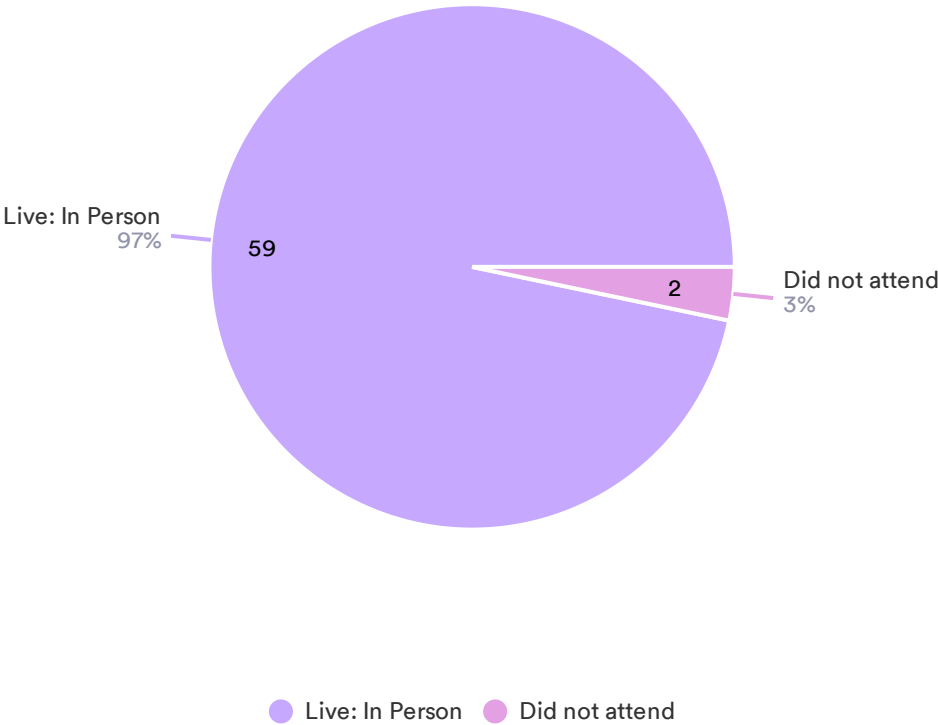
| Data  | Responses |
|---|-----------|
| None  | 1         |
| Not much new information here, but it was interesting to hear the journeys of the panel members.  | 1         |
| Thank you! Enjoyed the food for thoughts!   | 1         |
| They shared how to escape from the situation and to whom we can reach out getting help. Good resources.   | 1         |
| Enlightening  | 1         |
| Interesting   | 1         |
| Great group of creative nurses and their unique path to entrepreneurship  | 1         |
| Four very different types of innovators, from different practices, but they all saw a need and went through the hassle of building a business response. | 1         |
| Other entries   | 7         |





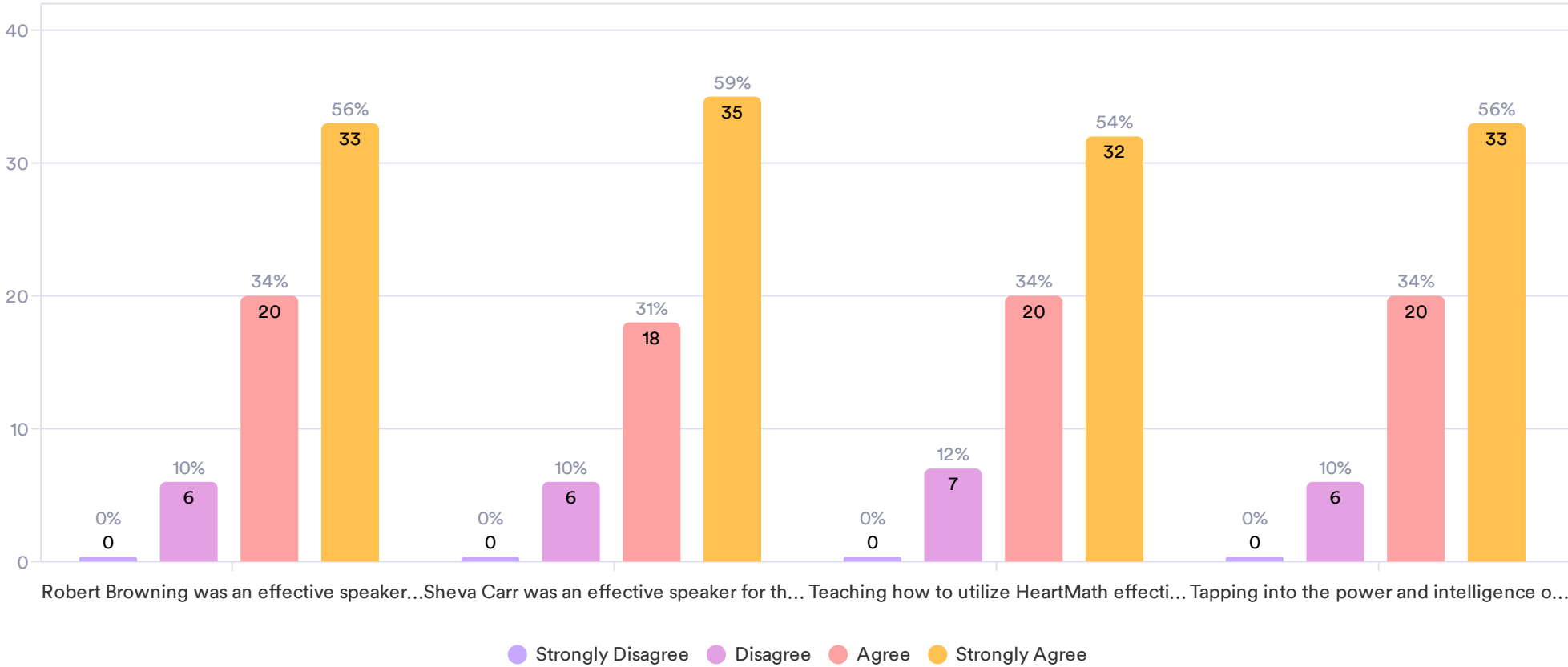
## Please confirm that you attended Session 4 HeartMath

61 Responses



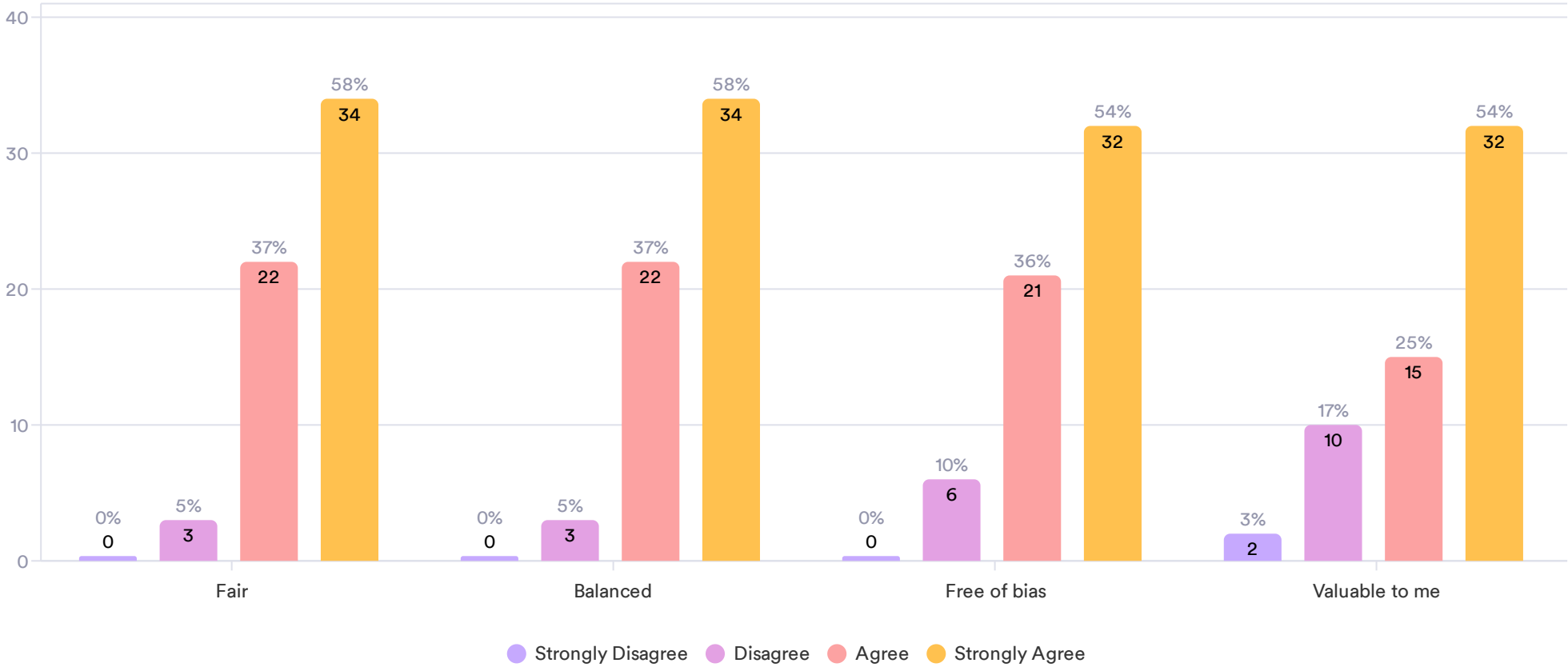
## Session 4 HeartMath

59 Responses- 2 Empty



## Overall, Session 4 HeartMath

59 Responses- 2 Empty



## Please offer additional comments about Session 4

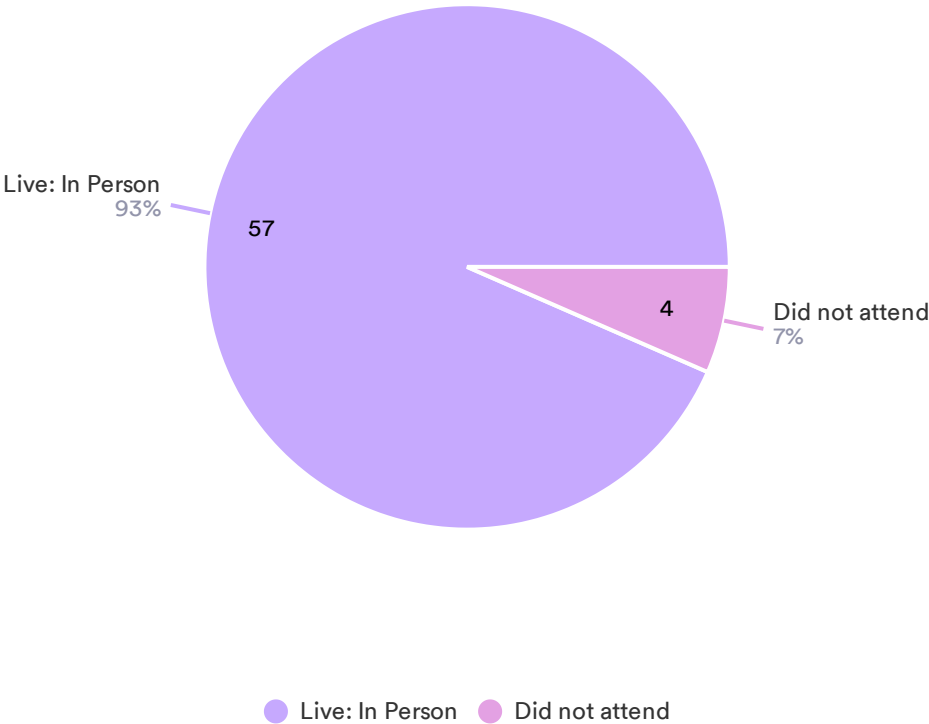
16 Responses- 45 Empty

| Data   | Responses |
|--|-----------|
| Interesting  | 1         |
| A lot was lost with the presenters showing up virtually, I feel they would have been more powerful speaking in person.   | 1         |
| Would love our team/officemates to undergo this training!  | 1         |
| This session provided us with the effective way to reduce and avoid stress on daily basis that guide us, performing heart to our daily activities benefit to our own well-being as well as others. | 1         |
| I couldn't understand much of the presentation. Speeach too slow not engaging.   | 1         |
| I look forward to learning more with the handout they provided.  | 1         |
| I've used for myself and shared the heartmath techs many times already.  | 1         |
| The data presented to justify HeartMath is compelling, but brief. It could use more studies to make HeartMath more scientific and less faith based.  | 1         |
| Other entries  | 8         |



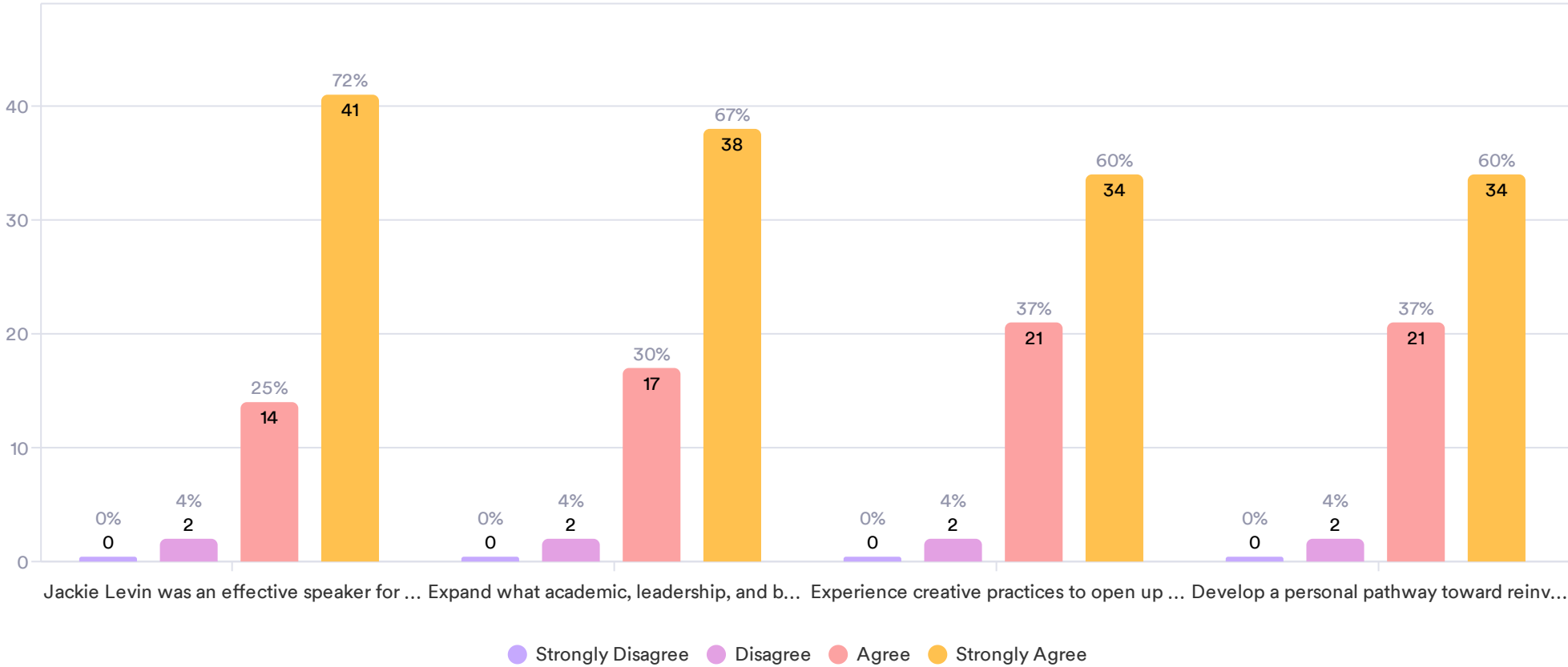
## Please confirm that you attended Session 5 The Possibilities: Reinventing Your Nursing Practice

61 Responses



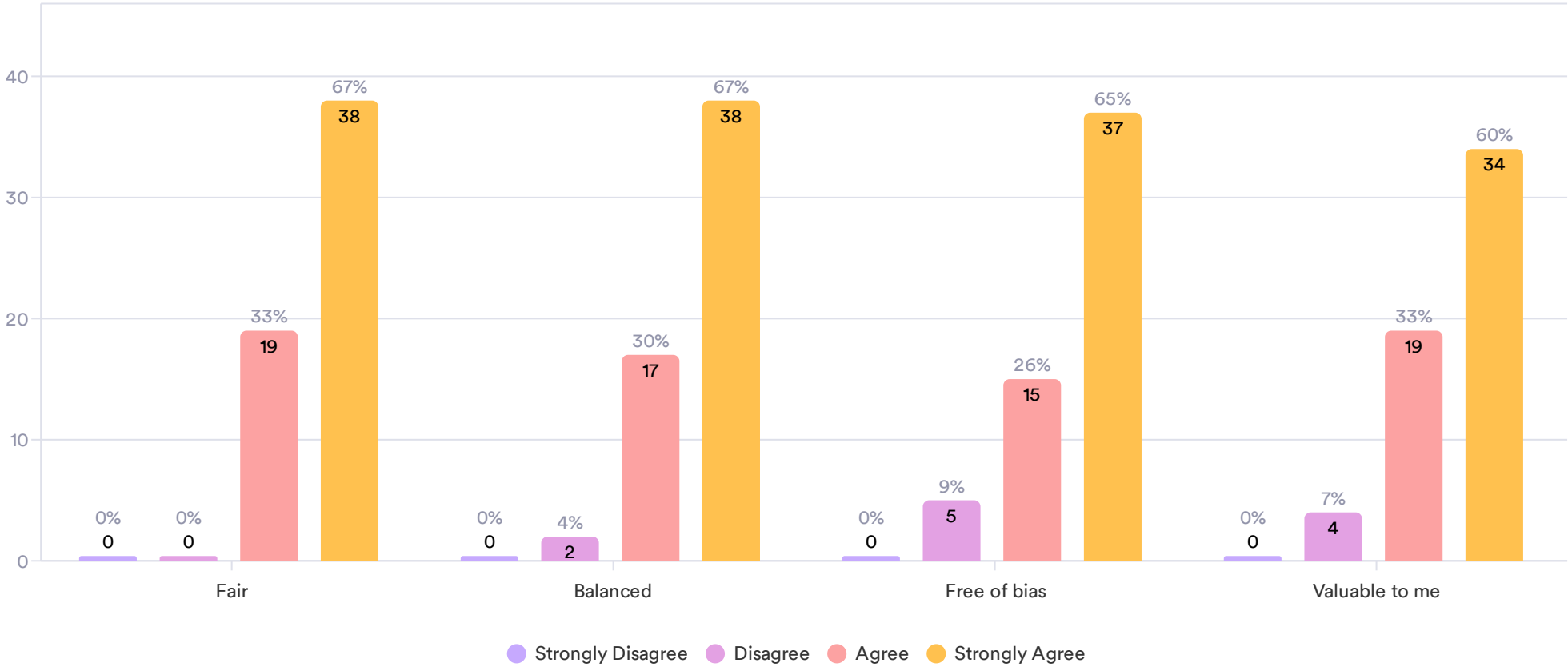
## Session 5 The Possibilities: Reinventing Your Nursing Practice

57 Responses- 4 Empty



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

57 Responses- 4 Empty



## Please offer additional comments about Session 5

18 Responses- 43 Empty

| Data  | Responses |
|---|-----------|
| Should have gone 2nd. Had more interactive work.  | 1         |
| This session would have been better in the morning when folks were fresh. Speaker shared personal information that was not actually relevant to the presentation. TMI.    | 1         |
| Love the motivation! Thank you! Looking forward for next year!  | 1         |
| Thsi session shared that there are lots of ways for RNs to expend our own talents and gifts for serving populations and at the same time, we can be financially rewarded. | 1         |
| Excellent presenter and presented real life events to support. Self disclosure and very engaging personality.   | 1         |
| interesting. good speaker   | 1         |
| This was a great closure of the conventions   | 1         |
| I found this inspiring  | 1         |
| Other entries   | 10        |





## Total CEs requested

61 Responses

| Data | Responses |
|------|-----------|
| 5.25 | 55        |
| 4.25 | 3         |
| 3.25 | 2         |
| 4    | 1         |
|      |           |



# Thank You!

Washington State Board of Nursing 2024 Conference