



WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Subcommittee (CSPSC)
February 4, 2025, 12:00 p.m. to 1:00 p.m.

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

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, but no later than January 23, 2025.

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Meeting Minutes:

WABON records meetings to help write accurate minutes. Minutes are approved at the WABON business meeting. WABON posts minutes on our website [Meetings | WABON](#).

All minutes and recordings are public records. They are available on request from the Department of Health (DOH) at [Public Records | WA DOH](#).

WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Subcommittee (CSPSC) Agenda
February 4, 2025
12:00 p.m. to 1:00 p.m.

- I. 12:00 PM Opening – Ella Guilford, Chair**
 - A. Call to Order – Ella Guilford
 - B. Public Disclosure Statement – Ella Guilford
 - C. Introductions of Members, Staff, and Public – Ella Guilford/Shana Johnny

- II. Standing Agenda Items**
 - A. Announcements/Hot Topic/WABON Business Meeting Update
 - i. Legislative Updates – Legislative Panel Meetings
 - ii. Medical Assistant Rules Hearing – Pharmacy Quality Assurance Commission held a hearing and approved the CR103
 - iii. Strategic Plan Update/Performance Measures Update
 - B. Review of Draft Minutes – December 3, 2024

- III. Old Business**
 - A. Informed Consent Advisory Opinion Development Update – Shana
 - B. Opioid Overdose Reversal Medications (OORM) Update – Debbie Carlson
 - C. Quality Improvement/CSPSC Prioritization Work Update – Shana Johnny

- IV. New Business**
 - A. Radiology Procedures Scope of Practice Advisory Opinion Request – Debbie Carlson – Discussion/Action

Situation: The Director of Nursing Practice submitted a request to develop an advisory opinion based on questions received about the nursing scope of practice performing radiological procedures – including screening, diagnostics, and interventional radiology procedures – with a focus on fluoroscopy.

Background: The Washington state laws and rules do not specifically address or prohibit the RN and LPN from performing radiological procedures.

Assessment: Literature highlights the necessity of training/certification for the RN in radiology, with certification available through the Radiological Nursing Certification Board (RNCB) for RNs only. Much of the literature the RN in assisting with interventional procedures. Many states do not allow the RN or LPN to perform radiological procedures or there are limitations.

Recommendation: Develop an advisory opinion to clarify the scope of practice for the RN and LPN in performing radiological procedures.
 - B. 25.01 Telehealth Advisory Opinion and FAQs Registered Nurse (RN)/Licensed Practical Nurse (LPN) Drafts – Shana Johnny - Discussion

- 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.

WASHINGTON STATE BOARD OF NURSING (WABON)

Consistent Standards of Practice Sub Committee (CSPSC)

February 4, 2025

12:00 p.m. to 1:00 p.m.

VI. Ending Items

- A. Review of Actions
- B. Meeting Evaluation
- C. Date of Next Meeting – April 1, 2025

VII. Adjournment



**WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Subcommittee (CSPSC)**

December 3, 2024 Minutes

12:00 p.m. to 1:00 p.m.

This was a virtual meeting. For a copy of the recording,
please visit the [Washington State Department of Health Public Records Website](https://www.doh.wa.gov/Information-Resources/Records-Information/Records-Request).

Subcommittee Members Present:	Ella Guilford, MSN, Med, 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
Subcommittee Members Absent:	None
Staff Members Present:	Shana Johnny, DNP, RN, Nursing Practice Consultant Marlin Galiano, MN, RN, Nursing Practice Consultant, Ad Hoc Seana Reichold, Staff Attorney Luis Cisneros, Staff Attorney, Ad Hoc Dennis Gunnarson, Administrative Assistant
Staff Members Absent:	Deborah Carlson, MSN, RN, Nursing Practice Director Margaret Holm, JD, RN, Ad Hoc

I. Opening

A. Ella Guilford called the meeting to order at 12:00 p.m. The Public Disclosure Statement was read for the meeting attendees. The Consistent Standards of Practice Subcommittee (CSPSC) members and support staff were introduced. Public attendees were provided an opportunity to introduce themselves.

II. Standing Agenda Items

A. Announcements/Hot Topic/WABON Business Meeting Updates: The following announcements were made:

- i. Rules updates and continuing competency reviews are in process focusing on licensing.
- ii. Jurisprudence (JP) Module is waiting final approval.

B. Review of Draft Minutes – October 1, 2024

- i. The subcommittee reviewed draft minutes and reached consensus to take to the board for approval.

III. Old Business



**WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Subcommittee (CSPSC)**

December 3, 2024 Minutes

12:00 p.m. to 1:00 p.m.

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- A. Informed Consent Advisory Opinion Update – Shana Johnny provided an update on the status of the advisory opinion. Public workshops are scheduled December 5, 2025. Discussed concerns from the public about the broadness and lack of clarity of the document.
- B. Quality Improvement/Matrix Tool Demonstration – Shana Johnny provided a live demonstration of the matrix that uses a weighted scoring and branching logic to prioritize requests and assignments. This tool has progressed with several iterations. The next step is to validate the tool.
- C. Nurses Dispensing and Distributing Opioid Overdose Reversal Medication (OORM) Frequently Asked Question Draft (FAQ) – A draft FAQ was developed to respond to a request from the Washington State Hospital Association (WSHA) to clarify whether nurses in hospitals are allowed to distribute and dispense Naloxone to patients in the postpartum setting. A minor edit was recommended regarding the Scope of Practice Decision Tree. The members reached consensus to send the draft to the WABON for approval.

V. New Business

- A. Radiology Procedures Scope of Practice Advisory Opinion Draft – The CSPSC received an Advisory Opinion Request from the WABON Practice Director to develop an advisor opinion about nursing scope of practice in performing radiology procedures. We are receiving questions from the public about radiology procedures, with an additional focus regarding fluoroscopy. Shana Johnny provided a Situation, Background, Assessment, and Recommendation (SBAR). Discussion and concerns included the following:
 - i. Clarification of what radiology procedures this addresses, routine/basic radiology and/or advanced radiology imaging, or a specific radiology procedure.
 - ii. Training requirements.
 - iii. Clarification of the difference between the Registered Nurse (RN) and Licensed Practical Nurse (LPN) scope of practice. Recommendation to define the difference between routine/non-complex radiology procedures and complex procedures. Fluoroscopy is a specialized area. It is not clear whether this is within the nursing scope of practice. Research is still ongoing, and opinions vary. The Consensus was made to postpone sending the Advisory Opinion Request to develop an advisory opinion to the WABON, allowing staff to perform additional research and information for discussion at the next CSPSC meeting.
- B. Telehealth Advisory Opinion and FAQ RN/LPN Drafts – Shana Johnny provided an update with an overview of two laws passed regarding Telehealth. One allows out of state practitioners to provide care without a Washington State License. The law does not define a RN or LPN as a practitioner. Legal consultation is in process as to whether the RN or LPN



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is allowed to provide care without a Washington State License under the direction of a defined practitioner. The second law allows reimbursement to out of state providers. The current advisory opinion exempts nurses who are in the role of tele presenter (assisting a practitioner in conducting a telemedicine visit) and the nursing assistant from meeting the training requirements. This is also in consultation with our legal staff.

- C. Medication Assistance Rules Hearing – Shana Johnny announced that the Washington State Pharmacy Quality Assurance Commission scheduled a hearing at their business meeting December 12, 2025.

VI. Public Comments

- A. Public comments included appreciation for the openness to WSHA’s recommendations to modify meeting format. Feedback suggested that the agenda should clearly outline actions to be taken and provide flexibility during the meeting for the public attendees wishing to address these topics. Public feedback expressed surprise that the recommendations from the Interagency Aesthetics Task Force about informed consent did not return to the CSPSC for discussion.

VII. Ending Items

- A. Review of Actions:
- i. CSPSC Minutes Draft – Send to WABON for approval.
 - ii. OORM FAQ Draft – Send to WABON for approval.
 - iii. Radiology Advisory Opinion Request – Continue to research and discuss at next meeting.
 - iv. Meeting Evaluation – Support allowing the public to provide feedback during the meeting instead of an allotted time on the agenda.
 - v. Next Meeting Date – February 4, 2025.



Advisory Opinion Request

Radiology/Imaging Procedures – Registered Nurse (RN) and Licensed Practical Nurse (LPN) Scope of Practice

Requestor Information

Deborah Carlson, MSN, RN, Nursing Practice Director, WABON

Debbie.Carlson@doh.wa.gov

Reason for Request

The WABON Practice Team has been receiving questions regarding the RN and LPN scope of practice in performing radiology/imaging procedures for screening, diagnostic, and interventions/treatments. In reviewing the literature and evidence-based practice, it appears that whether nurses can perform these activities are somewhat controversial and the staff need formal guidance to respond to these questions.

Background, Literature Review, and Evidence-Based Practice

Radiology nurses influence care in a variety of settings, including academic medical centers, community hospitals, outpatient imaging centers, and freestanding radiology clinics. Radiology is a dynamic environment that allows nurses to work in different modalities and sub-specialties such as ultrasound, magnetic resonance imaging (MRI), computed tomography (CT), interventional radiology, neuro-interventional radiology, and radiology-oncology.

Radiology nurses have a broad skill set and care for patients across the lifespan at various acuity levels. In one encounter, they may administer a glucagon injection for an MRI patient, in the next respond to an emergency contrast media reaction, and later take part in a high-risk interventional procedure by transfusing blood in a patient with significant bleeding. Radiology nurses are specialized registered nurses (RNs) whose primary responsibilities include patient assessment, preparation, monitoring, and post-procedure care. They work closely with radiologists, technologists, and other healthcare professionals to ensure that imaging procedures are carried out safely and effectively.

The Washington state laws and rules do not specifically address or prohibit the RN and LPN from performing radiology procedures. The nursing laws and rules are broad to allow nurses to practice up to their full scope. The Washington State Board of Nursing



Advisory Opinion Request

recommends the nurse use the Scope of Practice Decision Tree to determine if this is within the nurse's scope based on legal parameters, competencies, facility policies, and other factors. Common activities that a nurse provides are patient education, medication administration (including legend drugs/controlled substances Schedule II-V, analgesia and moderate sedation), monitoring,

Nurses working in the specialty area of radiology require additional education and training. While the Washington nursing laws and rules do not require certification in a specialty area but do require that the nurse is trained and competent to perform any activity. Examples of formal certification and training include the following:

- The [Radiologic Nursing Certification Board \(RNCB\)](#) provides certification as a Certified Radiology Nurse (CRN®). They do not provide certification for licensed practical nurses (LPNs). Information on certification of LPNs and radiology procedures was not found.
- [Postgraduate Medical Imaging Nursing Curriculum: Development and Indications for Nursing Practice - ScienceDirect](#)

The [Association for Radiologic and Imaging Nursing \(ARIN\)](#) provides several [Practice Guidelines and Position Statements](#) and other resources/guidance. In 2015, the ARIN published the "Association for Radiologic and Imaging Nursing, Radiologic Nursing Certification Board, and Radiologic Nursing Certification Task Force Position Paper: The Value of Certification in Radiologic Nursing."

<https://www.arinursing.org/ARIN/assets/File/public/certification/certification.pdf>

Much of the literature supports RNs assisting with interventional procedures, such as supporting angiography, biopsies, and catheter placements in interventional radiology. Many states do not allow the RN to perform radiological procedures or there are limitations.

[Association for Radiologic and Imaging Nursing Position Statement – The Registered Nurse in the Imaging Setting](#)

[Guidelines for Certification and Recertification – Certified Radiology Nurse \(CRN\) Radiologic Certified Nursing Board \(RCNB\)](#)

[Use of C-Arm Fluoroscopy by Nurses for Placement of PICC Lines - ScienceDirect](#)



Advisory Opinion Request

[VA Directive-Fluoroscopy](#)

Fluoroscopy is often prohibited by other state nursing boards, including prohibiting an advanced registered nurse practitioner (ARNP) from performing fluoroscopic procedures. Some states do allow the ARNP to perform this activity.

[Fluoroscopy Scope Expansion | American College of Radiology](#)

[Fluoroscopy Education Requirements Present Practice Barrier: A Collaborative Solution - The Journal for Nurse Practitioners](#)

[Fluoroscopy - ND Board of Nursing - ndbon.org](#)

Unfortunately, the standards of practice for nurses in radiology imaging is limited. The American Nurses Association does have a [American Nurses Association Radiologic Imaging Nursing and Scope of Practice](#) requires purchasing the book.



Advisory Opinion: 25.01 Nursing Telehealth Practice-RN, LPN, NA, and NT

Adopted: 3/12/2021

Reviewed/Revised: [Click or tap here to enter text.](#)

Rescinded: [Click or tap to enter a date.](#)

NursingPractice@doh.wa.gov

ARNPPPractice@doh.wa.gov

Telephone: 360 236-4703

The Washington State Board of Nursing (WABON) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the WABON is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCOAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and/or decrease risk. This advisory opinion does not address state or federal proclamations or rule waivers that temporarily change some regulatory requirements in emergency or disaster situations. This advisory opinion does not address state or federal proclamations or rule waivers that temporarily change some regulatory requirements in emergency or disaster situations.

Advisory Opinion: Nursing Telehealth Practice of the Registered Nurse (RN), Licensed Practical Nurse (LPN), Nursing Technician (NT) and Nursing Assistant

Purpose

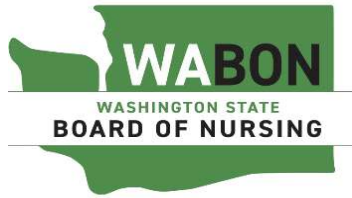
This advisory opinion is intended as a broad statement on nursing telehealth practice and is not meant to encompass all practice settings, related laws and rules, or address state or federal proclamations/waivers issued that temporarily waive some regulatory requirements on telehealth services.

Background

Telehealth nursing is the use of telehealth technology and nursing knowledge by remotely connecting nurses and other health care practitioners with individuals/patients to deliver health care services, health-related education, public health, and health administration. Telehealth is different from telemedicine in that it refers to a broader scope of remote health care services than telemedicine. Types of telehealth include:

- Telemedicine (Synchronous Telehealth).
- Asynchronous Telehealth (Store-and-Forward).
- Remote Patient Monitoring (RPM).
- mHealth (Mobile Health).

The RN or LPN can use telehealth technologies for delivering health care, health related education, and public health services within their legal and individual scope of practice. In addition, the nurse, NT, and NA-C/NA-R may function as the [telepresenter](#) at the originating site., assisting and facilitating clinical visits and presenting the patient/individual to a health care practitioner at a distant site. [Nurses can receive reimbursement for telehealth services, including audio-only telemedicine, if they have an established relationship. Established relationship means if the patient has had within the past three years at least one in-person appointment or at least one real-time interactive appointment using both audio and video telemedicine. See RCW 41.05.700, 48.43.735, or 74.09.325 found in SB 5821 \(C 215, Laws of 2024\).](#)



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Examples of practice settings using telehealth services include practitioner offices, insurance companies, call centers, hospitals, ambulatory clinics, outpatient facilities, academic settings, prisons, schools, treatment centers, home health, hospice, and long-term care facilities.

The nursing statutes and regulations permit the RN to delegate nursing tasks defined in the nursing laws and rules in community-based and in-home care settings. [RCW 18.79](#), [WAC 246-840](#), [RCW 18.88A](#), [WAC 246-841](#). Telehealth services can be used to initiate or provide ongoing evaluations, or supervision of delegated tasks to assistive personnel. The nurse must use nursing judgment and consider what aspects of the initial and ongoing assessment, supervision, and evaluation need to be done face-to-face. Telehealth may not be appropriate in some circumstances.

Training Requirement

[RCW 43.70.495](#) requires licensed, registered or certified health care professionals (excluding physicians or osteopathic physicians) providing clinical services through telemedicine to complete telemedicine training. RCW 43.70.495 references the following definition of telemedicine in [RCW 70.41.020](#) "The delivery of health care services using 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. It does not include the use of audio-only telephones, facsimile, or email."

The RN, LPN, NT, or NA-R/NAC acting in the role of the [telepresenter](#) is not required to take the telemedicine training.

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 must include similar components of the telemedicine training developed by the [Washington State Telehealth Collaborative](#). The health care provider must sign and retain an attestation of completion. The Washington State Board of Nursing (WABON) does not require the nurse to send the attestation to the WABON unless requested. See the WABON's [Frequently Asked Questions](#) about Telemedicine Training for additional guidance.

Statement of Scope



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The appropriately trained and competent registered nurse (RN), licensed practical nurse (LPN), nursing technician (NT), and nursing assistant-certified/nursing assisted-registered (NA-C/NA-R) may perform telehealth nursing care using telehealth technologies within their legal scope of practice, regulatory requirements, and practice standards.

A RN or LPN may provide telehealth services to a patient in Washington State if the RN or LPN has a Washington State nursing license or a multi-state nursing license (MSL). The RN or LPN licensed in another state may provide telehealth services to a patient in Washington State without a Washington State license or MSL under the direction of an authorized health care practitioner if the authorized health care practitioner has a patient-provider relationship ([ESSB 5481](#)). It does not include the provision of treatment by the out-of-state RN or LPN without a Washington or MSL nursing license who is providing follow-up with an established patient temporarily located in Washington. [RCW 18.134.050\(2\)](#). The nurse providing telehealth services to patients located in other states, U.S. territories, or countries must comply with licensing, practice requirements, and laws and rules for that jurisdiction. Washington laws and rules do not prohibit the practice of telehealth nursing in any particular setting. Regardless of the setting, using telehealth as a tool does not expand scope of practice. WABON recommends using the [Nursing Scope of Practice Decision Tree](#) to determine if an activity is within the individual nurse's scope of practice.

Requirements and Recommendations

The RN, LPN, and NT may provide telehealth services within their legal scope of practice and competencies. ([RCW 18.79](#) and [WAC 246-840](#)). The NA-C/NA-R ([RCW 18.88A](#) and [WAC 246-841](#)) or other assistive personnel, such as the medical assistant ([Chapter 18.360 RCW](#) and [Chapter 246-827 WAC](#)), certified home care aide ([Chapter 18.88B RCW](#) and [Chapter 246-980 WAC](#)), may function under the direction, supervision, or delegation within their scope of practice and legal requirements.

Principles of Telehealth Nursing Practice

The following broadly describe the principles of telehealth nursing services to guide individual practice:

Principle 1: Therapeutic Nurse-Patient Relationship

A therapeutic nurse-patient relationship is formed when a nurse provides care to a patient using telehealth technologies. Nurses are accountable for establishing and maintaining the



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therapeutic nurse-patient relationship. The relationship is established and maintained by the nurse's use of their professional nursing knowledge and skill, caring attitudes, and behaviors. The relationship is based on trust and respect.

Principle 2: Standards of Care

Providing telehealth nursing care consists of obtaining information about, and providing information to, patients/individuals or other health care professionals using the nursing process, critical thinking skills, and evidence-based practice to plan effective care. Nurses may use standardized interview tools, computer-based protocols/standing orders, algorithms, or other decision support tools. The nurse must follow the same standard of care in telehealth care as in face-to-face care. The nurse must be competent to safely perform telehealth services and follow standard nursing processes. A facility's policies may restrict telehealth nursing in some settings or require additional training and competency. It is essential to know an entity's policies and practices for using telehealth technology. The RN may assess, interpret, and analyze patient data from remote telehealth sites and determine the course of action.

Principle 3: Nursing Judgment

The nurse must use nursing judgment in all aspects of care and consider what aspects of care can be provided safely using telehealth technology. The use of telehealth technologies may not be appropriate in some circumstances.

Principle 4: Direction, Supervision, and Delegation

The nurse must follow all laws and rules related to direction and supervision of LPNs and the direction, supervision and/or delegation to the NA-C/NA-R or other [assistive](#) personnel. Examples of other credentialed assistive personnel include the medical assistant, certified home care aide, and non-credentialed individuals in public and private school settings (grades kindergarten-twelve) [Chapter 28A.210 RCW](#). Assistive personnel may function under the direction, supervision, or delegation of the nurse within their scope of practice and legal requirements.

Principle 5: Documentation

Documentation should be the same and no less than for in-person care. The [WAC 246-840-700\(3\)](#) outlines the nursing rules requiring the nurse to document essential client records the nursing care provided and the patient's response to that care. The nurse should observe their workplace policies, protocols, and quality assurance mechanisms for proper telehealth documentation and workflows. The nurse should contact the insurance provider, Centers for Medicare, Medicaid Services, or the Health Care Authority (HCA) for reimbursement questions.



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Principle 6: Roles and Responsibilities

Nurses retain accountability for recognizing whether they have the knowledge, skill, and judgment to meet the needs of the patient. Nurses must consult with appropriate healthcare professionals as appropriate. As with other forms of practice, nurses in telehealth nursing practice may experience ethical and moral dilemmas. Using information and telehealth technologies to provide care requires advanced communication skills and competencies that overcome the inherent barriers to assessment posing unique challenges and risks. Nurses may function in the role of [telepresenter](#) or the role of clinical provider within their legal and individual scope of practice. It is not within the scope of the NA-C/NA-R to function in the role of the clinical provider but they may function in the role of [telepresenter](#).

Principle 7: Consent, Privacy and Confidentiality

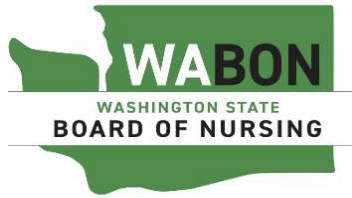
Nursing telehealth practice is subject to the same state and federal statutes and rules concerning consent, confidentiality and privacy as are all other types of nursing care.

Principle 8: Licensure Considerations

The RN, LPN, NT, or NA-C/NA-R must be licensed in Washington state to provide care to patients/individuals located in Washington State. While employers monitor and may assist nurses in obtaining nursing licensure, nurses have the professional responsibility and accountability of ensuring they are appropriately licensed to practice. The individual providing telehealth services to patients located in other states, U.S. territories, or countries must comply with licensing, practice requirements, and laws and rules for that jurisdiction. [RCW 18.79.240](#) lists some exceptions to Washington licensure that might apply. [RCW 18.134.050](#) lists the situations in which an out-of-state-health care practitioner may temporarily provide telehealth services to a patient in Washington. [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. [Chapter 70.15 RCW](#) allows exceptions in emergencies ([Healthcare Providers Emergency Volunteers Practice Act Information and Resources](#)).

Principle 9: Professional Ethical and Liability Considerations

It is important that health care practitioners recognize that the legal risks of performing telehealth services may be higher because of the risk of error. With the growth in nursing telehealth practice comes important practice, ethical, and liability issues that need to be



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considered. The use of information and telehealth technologies in patient care can increase liability risks to the nurse. Some strategies for risk reduction include establishing and maintaining therapeutic nurse-patient relationships, exploring the patient's situation and reason for seeking help, and ensuring information and telecommunication systems and data transmission are secure. Nurses should consult with their employer, professional associations, and/or legal counsel about whether to purchase malpractice insurance.

Principle 10: Competencies

Nursing telehealth practice requires competence, expertise and knowledge beyond that which is obtained in a basic nursing program. Nurses providing telehealth care must possess current and in-depth knowledge in the clinical area(s) relevant to the role and specialty area. Nurses providing telemedicine must meet the telemedicine training requirement. While the Telemedicine Training Requirement is only required when providing clinical services through telemedicine, the WABON recommends completion of the training or alternative training if performing any type of telehealth services. The nurse should use the [Scope of Practice Decision Tree](#) to determine if activities are within the nurse's legal and individual practice scope.

Conclusion

The appropriately trained and competent registered nurse (RN), licensed practical nurse (LPN), nursing technician (NT), and nursing assistant-certified/nursing assisted-registered (NA-C/NA-R) may perform telehealth nursing care using telehealth technologies within their legal scope of practice, regulatory requirements, and practice standards. **Out-of-state nurses can deliver telehealth services in Washington if they hold a valid Washington or multistate license or meet an exception to licensure requirements. Individuals providing telehealth services to patients located in other states, U.S. territories, or countries must comply with the licensing and practice requirements, as well as the laws and rules, specific for that jurisdiction. Washington laws and rules do not prohibit telehealth nursing in any particular setting. However, it's important to note that using telehealth as a tool does not expand a nurse's scope of practice. Institutional policies and procedures should outline safety standards, identify potential hazards, establish operating procedures, and address documentation requirements.** WABON recommends using the [Nursing Scope of Practice Decision Tree](#) to determine if an activity is within the individual nurse's scope of practice.

References and Resources

State Laws and Rules



Advisory Opinion: 25.01 Nursing Telehealth Practice-RN, LPN, NA, and NT

Adopted: 3/12/2021

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NursingPractice@doh.wa.gov

ARNPPractice@doh.wa.gov

Telephone: 360 236-4703

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[RCW 18.134 Uniform Telehealth Act](#)

[RCW 18.79 Nursing Care](#)

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

[RCW 18.88A Nursing Assistants](#)

[RCW18.88B Home Care Aides](#)

[WAC 246-980 Home Care Aide](#)

[RCW 28A.210 Schools \(K-12\) Health Screening and Requirements](#)

[RCW 70.02 Medical Records Health Care Information Access and Disclosure](#)

[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](#)

[RCW 69.51A.030 Medical Cannabis and Telemedicine](#)

[RCW 70.15 Uniform Emergency Volunteer Health Practitioners Act](#)

[RCW 43.70.495 Telemedicine Training for Health Care Professionals](#)

[RCW 70.41.020 Hospital Licensing and Regulation - Definitions \(Telemedicine\)](#)

[RCW 48.43.735 Reimbursement of Health Care Services Provided through Telemedicine or Store and Forward Technology](#)

[RCW 41.05.700 Reimbursement of health care services provided through telemedicine or store and forward technology—Audio-only telemedicine.](#)

[RCW 74.09.325 Reimbursement of a health care service provided through telemedicine or store and forward technology—Audio-only telemedicine.](#)

[RCW 71.24.335 Reimbursement for behavioral health services provided through telemedicine or store and forward technology—Coverage requirements—Audio-only telemedicine.](#)

[RCW 74.09.658 Home Health – Delivered through Telemedicine](#)

[WAC 182-551-2125 Home Health Services - Telemedicine](#)

[WAC 182-531-1730 Health Care Authority Physician-Related Services](#)

[WAC 246-335-610 Hospice Definitions \(Telehealth and Telemedicine\)](#)

[WAC 246-915-187 Physical Therapists and Physical Therapy Assistants Definition \(Telehealth\)](#)

[WAC 246-847-176 Occupational Therapists - Telehealth](#)

[Title 74 Public Assistance RCW 74.09.010 Definitions](#)

Federal Laws and Rules

[Federal Education and Privacy Act \(FERPA\)](#)



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[Health Care Accountability and Portability Act \(HIPAA\)](#)

[Healthcare Information Technology for Economic and Clinical Health Act \(HITECH\)](#)

[U.S. Code of Federal Regulations, Title 38.17](#)

Other Guidance Documents and Resources

[American Academy of Ambulatory Care Nursing: Telehealth Nursing Scope of Practice](#)

[American Health Information Management Association: Telemedicine Toolkit](#)

[American Telemedicine Association Practice Guidelines](#)

[Centers for Medicare and Medicaid Services: Telemedicine](#)

[Health Resources and Services Administration \(HRSA\): Telehealth Resources and Guidance](#)

[National Association of School Nurses: The Role of School Nursing in Telehealth](#)

[National Council of State Boards of Nursing Telehealth Position Statement](#)

[Online Journal of Issues in Nursing: Nurses Advancing Telehealth Services in the Era of Reform](#)

[Washington State Department of Social and Health Services Telehealth Guidebook](#)

[Washington State Nurses Association Telemedicine Risk Management Statement \(2018\)](#)

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