RCW 18.35.161 Board—Powers and duties. (1) The board shall have the following powers and duties:

(a) To establish by rule such minimum standards and procedures in the fitting and dispensing of hearing instruments as deemed appropriate and in the public interest, except that the board shall not make any rule that prevents licensed professionals from using their clinical judgment to determine whether telehealth or in-person care is the appropriate treatment modality for a given patient;

(b) To adopt any other rules necessary to implement this chapter and which are not inconsistent with it;

(c) To develop, approve, and administer or supervise the administration of examinations to applicants for licensure under this chapter;

(d) To require a licensee or interim permit holder to make restitution to any individual injured by a violation of this chapter or chapter 18.130 RCW, the uniform disciplinary act. The authority to require restitution does not limit the board's authority to take other action deemed appropriate and provided for in this chapter or chapter 18.130 RCW;

(e) To pass upon the qualifications of applicants for licensure or interim permits and to certify to the secretary;

(f) To recommend requirements for continuing education and continuing competency requirements as a prerequisite to renewing a license or certification under this chapter;

(g) To keep an official record of all its proceedings. The record is evidence of all proceedings of the board that are set forth in this record;

(h) To adopt rules, if the board finds it appropriate, in response to questions put to it by professional health associations, hearing aid specialists, audiologists, speech-language pathologists, interim permit holders, and consumers in this state; and

(i) To adopt rules relating to standards of care relating to hearing aid specialists or audiologists, including the dispensing of hearing instruments, and relating to speech-language pathologists, including dispensing of communication devices, except that the board shall not make any rule that prevents licensed professionals from using their clinical judgment to determine whether telehealth or in-person care is the appropriate treatment modality for a given patient.

(2) Nothing in this section shall be construed to limit the authority of the board to establish by rule and enforce standards of care, including competency requirements, supervision requirements, documentation standards, equipment calibration requirements, consumer protection disclosures, evidence-based safety-related procedures for the fitting and dispensing of prescription hearing aids, or referral and follow-up procedures for audiologists, hearing aid specialists, or speech-language pathologists, so long as such rules do not prevent licensed practitioners from using their clinical judgment to determine whether telehealth or in-person care is the appropriate treatment modality for a given patient. [2026 c 185 s 2; 2014 c 189 s 13; 2010 c 65 s 4; 2002 c 310 s 16; 1998 c 142 s 11; 1996 c 200 s 20; 1993 c 313 s 7; 1987 c 150 s 23; 1983 c 39 s 13.]

Intent—2026 c 185: "(1) Telehealth, including teleaudiology, is an increasingly vital modality for delivering cost-effective, patient-centered health care services that increase quality and expand access to care, as recognized by industry leaders such as the United States

department of health and human services, the veterans administration, the American academy of audiology, the American speech-language-hearing association, and the Washington state department of health.

(2) As a growing number of Washingtonians come to rely upon telehealth to access essential health care services, regulatory frameworks should support the clinical judgment and autonomy of licensed professionals to determine whether telehealth or in-person treatment is the best solution for a specific patient.

(3) Regulation of professional health care services should not create different professional practice standards for telehealth and in-person services. Instead, efforts to regulate professional services should be modality-agnostic and focus on ensuring the applicable standard of care is met.

(4) Therefore, it is the legislature's intent to ensure audiologists, speech-language pathologists, and hearing aid specialists maintain autonomy in clinical decision making and determining the appropriate modality for care." [2026 c 185 s 1.]

Work group—2014 c 189: See note following RCW 18.35.010.

Effective date—2002 c 310: See note following RCW 18.35.010.

Effective date—1998 c 142 ss 1-14 and 16-20: See note following RCW 18.35.010.

Severability—1987 c 150: See RCW 18.122.901.