STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
Residential Care Services • P.O. Box 45600 • Olympia, Washington 98504

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HCLA: AFH #2026-029
Nurse Delegation of GLP-1 Receptor Agonists in Community-Based Care Settings

Dear Adult Family Home Provider:

We are writing to provide new guidance regarding the nurse delegation of Glucagon-Like Peptide-1 (GLP-1) receptor agonists in community-based care settings, including Adult Family Homes (AFHs). With the rapid increase in the use of these medications (e.g., semaglutide, tirzepatide, dulaglutide), the department recognizes the need for clear guidelines regarding nurse delegation rules for non-insulin injectables.

Under current Washington State nurse delegation rules, GLP-1 injections ***have not*** been permitted to be delegated in AFH settings because state law limits injectable delegation. RCW 18.79.260(3)(e) mandates that insulin is the only injectable medication permitted for nurse delegation in community-based settings.

Additionally, specific state rules govern medication in AFH settings under WAC 388-76-10455, which requires that medication administration be performed by a practitioner as defined in 69.41 RCW, a family member or legally appointed resident representative, or executed via nurse delegation under WAC 246-840-910 through WAC 246-840-970.

While RCW 18.79.260 limits injectable delegation to insulin, the Washington State Board of Nursing (WABON) issued Advisory Opinion NCAO 14.00, establishing a narrow scope exception. This opinion determines that it is within the scope of an RN to delegate non-insulin injections, provided they are Food and Drug Administration (FDA) approved and specifically prescribed for the treatment of diabetes mellitus (diabetes). This position aligns with DSHS-approved nurse delegation training curricula, which reinforces that non-insulin injections are only delegable when the medication has been prescribed for the treatment of diabetes.

To maintain consistency with WABON and DSHS guidelines, Residential Care Services (RCS) is adopting the position outlined in the advisory opinion and DSHS training materials. The following criteria clarify the authorized scope of GLP-1 injection delegation across AFH care settings:

Criteria for Delegation

An RN may only delegate the administration of a GLP-1 injection if **all** the following criteria are met:

1. The medication must be actively prescribed for the treatment of diabetes.
2. The caregiver must have completed DSHS-approved specialized diabetes training. Refer to the DSHS Nurse Delegation Program page for registration and course information.
3. All criteria for delegation must be met in accordance with WAC 246-840-910 through 246-840-970.

Non-Delegable Indications (Not Permitted)

If a GLP-1 medication is prescribed for any reason ***other than diabetes***, it **cannot** be delegated. Caregivers cannot be delegated to inject a GLP-1 if it is prescribed for:

1. Weight Loss / Obesity Management; ***and/or***
2. Any other off-label or non-diabetes clinical indication.

In these scenarios, administration of a GLP-1 medication can be self-administered by the resident (per WAC 388-76-10450) or, administration must be performed by a legally appointed representative (per WAC 388-76-10455).

During routine inspections or complaint investigations involving a resident prescribed a GLP-1 medication, RCS staff will review compliance based on the following criteria:

1. Staff will verify that the resident has an active, documented clinical diagnosis of diabetes.
2. Staff will review the residents' current prescriber orders and Negotiated Care Plan to confirm that the clinical rationale (diabetes management) is clearly stated. If the medical record is unclear or lacks a specific diagnosis, staff will interview facility leadership, the delegating RN, or the prescribing provider to clarify the clinical intent before making a determination.
3. If RCS staff identify a caregiver administering an injectable GLP-1 that is prescribed strictly for weight loss, obesity management, or any indication other than the treatment of diabetes, the provider may be cited for unauthorized medication administration and/or a violation of nurse delegation scope rules.

As always, thank you for the care you provide to the vulnerable adults in your community. If you have any questions, please contact the Policy Unit at rcspolicy@dshs.wa.gov.

Sincerely,

Amy Abbott, Director
Residential Care Services

DSHS: "Partnering with People"