

**RCW 18.360.050 Authorized duties.** (1) A medical assistant-certified may perform the following duties delegated by, and under the supervision of, a health care practitioner:

(a) Fundamental procedures:

- (i) Wrapping items for autoclaving;
- (ii) Procedures for sterilizing equipment and instruments;
- (iii) Disposing of biohazardous materials; and
- (iv) Practicing standard precautions.

(b) Clinical procedures:

(i) Performing aseptic procedures in a setting other than a hospital licensed under chapter 70.41 RCW;

(ii) Preparing of and assisting in sterile procedures in a setting other than a hospital under chapter 70.41 RCW;

(iii) Taking vital signs;

(iv) Preparing patients for examination;

(v) Capillary blood withdrawal, venipuncture, and intradermal, subcutaneous, and intramuscular injections; and

(vi) Observing and reporting patients' signs or symptoms.

(c) Specimen collection:

(i) Capillary puncture and venipuncture;

(ii) Obtaining specimens for microbiological testing; and

(iii) Instructing patients in proper technique to collect urine and fecal specimens.

(d) Diagnostic testing:

(i) Electrocardiography;

(ii) Respiratory testing; and

(iii) (A) Tests waived under the federal clinical laboratory improvement amendments program on July 1, 2013. The department shall periodically update the tests authorized under this subsection (1)(d) based on changes made by the federal clinical laboratory improvement amendments program; and

(B) Moderate complexity tests if the medical assistant-certified meets standards for personnel qualifications and responsibilities in compliance with federal regulation for nonwaived testing.

(e) Patient care:

(i) Telephone and in-person screening limited to intake and gathering of information without requiring the exercise of judgment based on clinical knowledge;

(ii) Obtaining vital signs;

(iii) Obtaining and recording patient history;

(iv) Preparing and maintaining examination and treatment areas;

(v) Preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office surgeries;

(vi) Maintaining medication and immunization records; and

(vii) Screening and following up on test results as directed by a health care practitioner.

(f) (i) Administering medications. A medical assistant-certified may only administer medications if the drugs are:

(A) Administered only by unit or single dosage, or by a dosage calculated and verified by a health care practitioner. For purposes of this section, a combination or multidose vaccine shall be considered a unit dose;

(B) Limited to legend drugs, vaccines, and Schedule III-V controlled substances as authorized by a health care practitioner under the scope of his or her license and consistent with rules adopted by the secretary under (f)(ii) of this subsection; and

(C) Administered pursuant to a written order from a health care practitioner.

(ii) A medical assistant-certified may not administer experimental drugs or chemotherapy agents. The secretary may, by rule, further limit the drugs that may be administered under this subsection (1)(f). The rules adopted under this subsection must limit the drugs based on risk, class, or route.

(iii) A medical assistant-certified may administer intramuscular injections for the purposes of treating known or suspected syphilis infection without immediate supervision if a health care practitioner is providing supervision through interactive audio or video telemedicine technology in accordance with \*RCW 18.360.010(11)(c)(ii).

(g) Intravenous injections. A medical assistant-certified may establish intravenous lines for diagnostic or therapeutic purposes, without administering medications, under the supervision of a health care practitioner, and administer intravenous injections for diagnostic or therapeutic agents under the direct visual supervision of a health care practitioner if the medical assistant-certified meets minimum standards established by the secretary in rule. The minimum standards must be substantially similar to the qualifications for category D and F health care assistants as they exist on July 1, 2013.

(h) Urethral catheterization when appropriately trained.

(2) A medical assistant-hemodialysis technician may perform hemodialysis when delegated and supervised by a health care practitioner. A medical assistant-hemodialysis technician may also administer drugs and oxygen to a patient when delegated and supervised by a health care practitioner and pursuant to rules adopted by the secretary.

(3) A medical assistant-phlebotomist may perform:

(a) Capillary, venous, or arterial invasive procedures for blood withdrawal when delegated and supervised by a health care practitioner and pursuant to rules adopted by the secretary;

(b) Tests waived under the federal clinical laboratory improvement amendments program on July 1, 2013. The department shall periodically update the tests authorized under this section based on changes made by the federal clinical laboratory improvement amendments program;

(c) Moderate and high complexity tests if the medical assistant-phlebotomist meets standards for personnel qualifications and responsibilities in compliance with federal regulation for nonwaived testing; and

(d) Electrocardiograms.

(4) A medical assistant-registered may perform the following duties delegated by, and under the supervision of, a health care practitioner:

(a) Fundamental procedures:

(i) Wrapping items for autoclaving;

(ii) Procedures for sterilizing equipment and instruments;

(iii) Disposing of biohazardous materials; and

(iv) Practicing standard precautions.

(b) Clinical procedures:

(i) Preparing for sterile procedures;

(ii) Taking vital signs;

(iii) Preparing patients for examination; and

(iv) Observing and reporting patients' signs or symptoms.

(c) Specimen collection:

(i) Obtaining specimens for microbiological testing; and

(ii) Instructing patients in proper technique to collect urine and fecal specimens.

(d) Patient care:

(i) Telephone and in-person screening limited to intake and gathering of information without requiring the exercise of judgment based on clinical knowledge;

(ii) Obtaining vital signs;

(iii) Obtaining and recording patient history;

(iv) Preparing and maintaining examination and treatment areas;

(v) Preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office surgeries, including those with minimal sedation. The department may, by rule, prohibit duties authorized under this subsection (4)(d)(v) if performance of those duties by a medical assistant-registered would pose an unreasonable risk to patient safety;

(vi) Maintaining medication and immunization records; and

(vii) Screening and following up on test results as directed by a health care practitioner.

(e) Diagnostic testing and electrocardiography.

(f)(i) Tests waived under the federal clinical laboratory improvement amendments program on July 1, 2013. The department shall periodically update the tests authorized under subsection (1)(d) of this section based on changes made by the federal clinical laboratory improvement amendments program.

(ii) Moderate complexity tests if the medical assistant-registered meets standards for personnel qualifications and responsibilities in compliance with federal regulation for nonwaived testing.

(g) Administering eye drops, topical ointments, and vaccines, including combination or multidose vaccines.

(h) Urethral catheterization when appropriately trained.

(i) Administering medications:

(i) A medical assistant-registered may only administer medications if the drugs are:

(A) Administered only by unit or single dosage, or by a dosage calculated and verified by a health care practitioner. For purposes of this section, a combination or multidose vaccine shall be considered a unit dose;

(B) Limited to legend drugs, vaccines, and Schedule III through V controlled substances as authorized by a health care practitioner under the scope of his or her license and consistent with rules adopted by the secretary under (i)(ii) of this subsection; and

(C) Administered pursuant to a written order from a health care practitioner.

(ii) A medical assistant-registered may only administer medication for intramuscular injections. A medical assistant-registered may not administer experimental drugs or chemotherapy agents. The secretary may, by rule, further limit the drugs that may be administered under this subsection (4)(i). The rules adopted under this subsection must limit the drugs based on risk, class, or route.

(j)(i) Intramuscular injections. A medical assistant-registered may administer intramuscular injections for diagnostic or therapeutic agents under the immediate supervision of a health care practitioner if the medical assistant-registered meets minimum standards established by the secretary in rule.

(ii) A medical assistant-registered may administer intramuscular injections for the purposes of treating known or suspected syphilis

infection without immediate supervision if a health care practitioner is providing supervision through interactive audio or video telemedicine technology in accordance with \*RCW 18.360.010(11)(c)(ii).

(5)(a) A medical assistant-EMT may perform the following duties delegated by, and under the supervision of, a health care practitioner if the duties are within the scope, training, and endorsements of the medical assistant-EMT's emergency medical technician, advanced emergency medical technician, or paramedic certification:

(i) Fundamental procedures:

- (A) Disposing of biohazardous materials; and
- (B) Practicing standard precautions;

(ii) Clinical procedures:

- (A) Taking vital signs;
- (B) Preparing patients for examination;
- (C) Observing and reporting patients' signs or symptoms;
- (D) Simple eye irrigation;
- (E) Hemorrhage control with direct pressure or hemostatic gauze;
- (F) Spinal and extremity motion restriction and immobilization;
- (G) Oxygen administration;
- (H) Airway maintenance, stabilization, and suctioning;
- (I) Cardiopulmonary resuscitation; and
- (J) Use of automated external defibrillators and semiautomated

external defibrillators;

(iii) Specimen collection:

- (A) Capillary puncture and venipuncture; and

(B) Instructing patients in proper technique to collect urine and fecal specimens;

(iv) Diagnostic testing:

- (A) Electrocardiography; and

(B) Respiratory testing, including nasopharyngeal swabbing for COVID-19;

(v) Patient care:

(A) Telephone and in-person screening, limited to intake and gathering of information without requiring the exercise of judgment based on clinical knowledge;

- (B) Obtaining vital signs;

(C) Obtaining and recording patient history; and

- (D) Preparing and maintaining examination and treatment areas;

(vi) Administering medications: A medical assistant-EMT may only administer medications if the drugs are:

(A) Administered only by unit or single dosage, or by a dosage calculated and verified by a health care practitioner. For purposes of this subsection, a combination or multidose vaccine shall be considered a unit dose;

(B) Limited to vaccines, opioid antagonists, and oral glucose, as authorized by a health care practitioner under the scope of his or her license and consistent with rules adopted by the secretary under (b) of this subsection; and

(C) Administered pursuant to a written order from a health care practitioner; and

(vii) Establishing intravenous lines: A medical assistant-EMT may establish intravenous lines for diagnostic or therapeutic purposes, without administering medications, and remove intravenous lines under the supervision of a health care practitioner.

(b) The secretary may, by rule, further limit the drugs that may be administered under this subsection. The rules adopted under this subsection must limit the drugs based on risk, class, or route. [2024

c 248 s 3; 2024 c 217 s 5; 2023 c 134 s 3; 2014 c 138 s 1; 2013 c 128 s 3; 2012 c 153 s 6.]

**Reviser's note:** \*(1) RCW 18.360.010 was amended by 2024 c 217 s 1, changing subsection (11) to subsection (12).

(2) This section was amended by 2024 c 217 s 5 and by 2024 c 248 s 3, each without reference to the other. Both amendments are incorporated in the publication of this section under RCW 1.12.025(2). For rule of construction, see RCW 1.12.025(1).

**Intent—2024 c 248:** "(1) The legislature recognizes Washington's syphilis epidemic continues to grow, causing long-term health consequences and deaths that are preventable. Between 2019 and 2021, the number of reported syphilis cases in Washington state increased by 49 percent, while the number of cases of primary and secondary syphilis, an early stage infection characterized by a high risk of transmission, increased by 79 percent.

(2) In 2021, the legislature funded the sexually transmitted infection and hepatitis B virus legislative advisory group which produced policy recommendations in 2022 that included allowing medical assistants with telehealth access to a supervising clinician to provide intramuscular injections for syphilis treatment. It is the intent of the legislature to increase access to syphilis treatment to populations with high rates of syphilis and who are at the most risk of serious health outcomes due to syphilis infection." [2024 c 248 s 1.]

**Effective date—2024 c 248:** "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately [March 25, 2024]." [2024 c 248 s 5.]

**Effective date—2023 c 134:** See note following RCW 18.360.010.

**Implementation—Effective date—2013 c 128:** See notes following RCW 18.360.005.

**Effective date—2012 c 153 ss 1-12, 14, 16, and 18:** See note following RCW 18.360.005.

**Rules—2012 c 153:** See note following RCW 18.360.005.