

HOUSE BILL REPORT

HB 1414

As Reported by House Committee On:
Health Care & Wellness
Health & Human Services Appropriations

Title: An act relating to the practice of health care assistants.

Brief Description: Concerning health care assistants.

Sponsors: Representatives Driscoll, Moeller, Hinkle, Cody, Sullivan, Nelson and Ormsby.

Brief History:

Committee Activity:

Health Care & Wellness: 1/30/09, 2/13/09 [DPS];

Health & Human Services Appropriations: 2/25/09 [DPS(HCW)].

Brief Summary of Substitute Bill

- Grants health care assistants limited authority to administer certain over-the-counter and legend drugs.
- Requires the Department of Health to conduct a sunrise review of the practice of medical assistants.
- Expires the operative provisions granting health care assistants limited authority to administer certain legend drugs on July 1, 2013.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 11 members: Representatives Cody, Chair; Driscoll, Vice Chair; Ericksen, Ranking Minority Member; Bailey, Green, Herrera, Hinkle, Kelley, Moeller, Morrell and Pedersen.

Staff: Kyle Gotchy (786-7119) Chris Cordes (786-7103)

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Health care assistants are certified persons who assist licensed health care practitioners, such as physicians and physician assistants, registered nurses and advanced registered nurse practitioners, and naturopaths. A licensed health care practitioner may delegate certain functions within the delegator's scope of practice to a health care assistant, including administering skin tests and injections, and performing blood withdrawal and certain other specified functions.

Health care assistants are certified by the health care facility in which the services are performed or by the health care practitioner who delegates functions to the health care assistant. The facility or practitioner must submit to the Department of Health a roster of certified health care assistants. The submittal must include a list of specific medications and diagnostic agents, and the route of administration of each.

Summary of Substitute Bill:

Authority of Health Care Assistants.

Qualified health care assistants are granted limited authority to administer certain drugs. The administration of drugs by a health care assistant is restricted to oral, topical, rectal, otic, ophthalmic, or inhaled routes administered pursuant to a written order of a supervising health care practitioner.

A health care practitioner, rather than a health care assistant, must administer a medication if:

- a patient is unable to physically ingest or safely apply a medication independently or with assistance; or
- a patient is unable to indicate an awareness that he or she is taking a medication.

Drugs Acceptable for Administration.

Health care assistants may be authorized to administer only the following drugs while a patient is in the care of a health care practitioner:

- over-the-counter drugs: Benadryl, acetaminophen, ibuprofen, aspirin, Neosporin, polysporin, normal saline, colace, kenalog, and hydrocortisone cream; and
- nonover-the-counter unit dose legend drugs: kenalog, hydrocortisone cream, raglan, compazine, zofran, bactroban, albuterol, xopenex, silvadene, gastrointestinal cocktail, fluoride, lmx cream, emla, lat, optic dyes, oral contrast, and oxygen.

Educational Requirements.

Health care assistants authorized to administer the specified over-the-counter and legend drugs must demonstrate initial and ongoing competency to administer specific drugs as determined by the health care practitioner.

Expiration of Operative Provisions.

The operative provisions that provide health care assistants the limited authority to administer certain drugs expire on July 1, 2013.

Sunrise Review.

The Department of Health must conduct a review regarding the regulation and the scope of the practice of medical assistants.

Substitute Bill Compared to Original Bill:

The substitute bill:

1. specifies the list of drugs that health care assistants may be authorized to administer and deletes authority for the Secretary of Health (Secretary) to make certain exceptions to the list;
2. limits the health care assistants who can administer oral drugs to certain categories of health care assistants identified under the Department of Health (DOH) rules;
3. adds that health care assistants administering the drugs must demonstrate initial and ongoing competency as determined by the health care practitioner and deletes the requirement that health care assistants administering the listed drugs must have graduated from an accredited medical assistant program and a requirement for the DOH to adopt rules concerning initial and continued competency, including four hours of continuing education;
4. removes "professional service corporation" from the definition of a "health care facility;"
5. states that the DOH is required to conduct a sunrise review of the practice of medical assistants; and
6. removes the emergency clause and adds that the operative provisions expire on July 1, 2013.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Over the years, there's been a change in clinical practice. Due to cost-containment measures, medical practices are turning more and more to medical assistants. Under existing statute, health care assistants can administer injections, they can draw blood, and they can administer vaccines orally or nasally. Health care assistants, however, are not authorized to administer an aspirin or an antibiotic ointment. This bill provides that, under very strict supervision, a health care assistant may administer certain drugs, thereby improving the efficiency of the health care system.

The bill makes sure that medical assistants are health care assistants. The latter classification falls within the Uniform Disciplinary Act. The bill also provides that a health care assistant must have graduated from an approved program and must fulfill continuing educational requirements.

(Opposed) While often oral and topical medication is perceived as less dangerous, they too can pose serious threats to a patient's health. This bill's overly broad language allows for the unrestricted expansion of medications a medical assistant may administer.

Persons Testifying: (In support) Claire Glover, The Everett Clinic; Elizabeth Adolphsen, Everett Community College; Carl Nelson, Washington State Medical Association; and Tom Wolf, Washington State Society of Medical Assistants.

(Opposed) Sofia Aragon and Sally Watkins, Washington State Nursing Association.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES APPROPRIATIONS

Majority Report: The substitute bill by Committee on Health Care & Wellness be substituted therefor and the substitute bill do pass. Signed by 15 members: Representatives Pettigrew, Chair; Seaquist, Vice Chair; Schmick, Ranking Minority Member; Alexander, Assistant Ranking Minority Member; Appleton, Cody, Dickerson, Ericksen, Johnson, Miloscia, Morrell, O'Brien, Roberts, Walsh and Wood.

Staff: Chris Blake (786-7392)

Summary of Recommendation of Committee On Health & Human Services Appropriations Compared to Recommendation of Committee On Health Care & Wellness:

No new changes were recommended.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Nursing shortages and cost-containment efforts have made the use of health care assistants much more prevalent today. There are good supervision, education, and training requirements to assure patient safety for the additional functions in this bill. This will provide more efficient patient care in clinics and physician offices. The costs of the bill will be covered by the regulated health care assistants.

(Opposed) None.

Persons Testifying: Representative Driscoll, prime sponsor; Claire Glover, Registered Nurse, The Everett Clinic; and Carl Nelson, Washington State Medical Association.

Persons Signed In To Testify But Not Testifying: None.