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**Health Care & Wellness Committee**

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**HB 2227**

**Brief Description:** Regarding medical assistants.

**Sponsors:** Representatives Cody and Jenkins.

**Brief Summary of Bill**

- Establishes a new registered medical assistant credential.

**Hearing Date:** 1/12/12

**Staff:** Jim Morishima (786-7191).

**Background:**

Health Care Assistants.

A certified health care assistant is authorized to provide assistance to certain licensed health care practitioners, such as physicians, nurses, and naturopaths. A licensed health practitioner may delegate certain functions to the health care assistant such as administering skin tests, injections, and performing blood withdrawals.

Each health care assistant is certified by the facility in which they are employed, or by the practitioner who delegates functions to the health care assistant, pursuant to standards adopted by the Department of Health (DOH) in rule. The facility or practitioner must submit a roster of certified health care assistants to the DOH.

Health care assistants are divided into seven different categories based on differing educational, training, and experiential requirements. The different tasks each category of health care assistant may perform are as follows (all health care assistants may administer vaccines):

- Category A: venous and capillary invasive procedures for blood withdrawal;
- Category B: arterial invasive procedures for blood withdrawal;

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- Category C: intradermal, subcutaneous, and intramuscular injections for diagnostic agents and the administration of skin tests;
- Category D: intravenous injections for diagnostic agents;
- Category E: intradermal, subcutaneous, and intramuscular injections and the administration of skin tests;
- Category F: intravenous injections for therapeutic agents; and
- Category G: hemodialysis.

### Medical Assistants.

Medical assistants are assistive personnel who provide administrative or clinical tasks under the supervision of other health care practitioners. Although a variety of national organizations certify medical assistants, they are currently not a credentialed health profession in Washington.

In 2011, the DOH completed a sunrise review of a proposal to credential medical assistants. In its report, the DOH supported credentialing medical assistants, but also made recommendations regarding clarifying the current health care assistant credential. The DOH made the following recommendations:

- Blend the existing health care assistant categories with a medical assistant certification.
  - Categories C and E would be replaced with a certified medical assistant credential.
  - Categories A and B would be replaced with a certified phlebotomist credential.
  - Category G would be replaced with a certified hemodialysis technician credential.
- Remove the requirement that a credential holder obtain a new credential every time he or she leaves a facility or delegator.
- Require the following qualifications for new applicants:
  - Certified medical assistants must complete a medical assistant training program and pass an examination (both the program and the exam must be approved by the Secretary of Health).
  - Certified phlebotomists must meet the same qualifications as category A and B health care assistants.
  - Certified hemodialysis technicians must meet the same qualifications as category G health care assistants.
- "Grandfather" current health care assistants in the following manner:
  - Category C or E health care assistants would become medical assistants upon renewal and submission of a practice arrangement plan.
  - Category A or B health care assistants would become phlebotomists upon renewal.
  - Category G health care assistants would become hemodialysis technicians upon renewal.
  - More research is necessary to determine what should be done with category D and F health care assistants.
- Set parameters around medication administration for medical assistants.
- Set parameters around office medical equipment usage for medical assistants.
- Include criteria that identify the nature of the tasks a medical assistant can perform.

### **Summary of Bill:**

A person may not practice as a medical assistant unless he or she is registered by the Secretary of Health. An applicant may meet the qualifications for registration in any of the following ways:

- certification by the DOH after completing a medical assistant training program approved by the Secretary of Health;
- endorsement by a health care practitioner, clinic, or group practice, including an attestation of his or her endorsement signed by the supervising health care practitioner and filed with the DOH; or
- an alternative means of registration approved by the DOH in order to make accommodations for rural and small medical practices and clinics.

The following health care practitioners are authorized to endorse a medical assistant, subject to rules adopted by the Secretary of Health establishing minimum requirements for the endorsement of medical assistants:

- a physician or an osteopathic physician; and
- acting within the scope of his or her license:
  - a podiatric physician and surgeon;
  - a registered nurse;
  - an advanced registered nurse practitioner;
  - a naturopath;
  - a physician assistant; and
  - an osteopathic physician assistant.

A medical assistant may perform the following tasks under the supervision of a health care practitioner:

- fundamental procedures: wrapping items for autoclaving, sterilization procedures, disposing of biohazardous materials, and practicing standard precautions;
- clinical procedures: performing aseptic procedures, preparing of and assisting in sterile procedures, taking vital signs, preparing patients for examination, capillary blood withdrawal, venipuncture, and nonintravenous injection, and observing and reporting patients' signs or symptoms;
- specimen collection: capillary puncture and venipuncture, obtaining specimens for microbiological testing, and instructing patients in the proper technique to collect urine and fecal specimens;
- diagnostic testing: electrocardiography, respiratory testing, and tests waived under the federal Clinical Laboratory Improvement Amendments (CLIA) program (the DOH may update this list by rule based on changes to the CLIA program);
- patient care: telephone and in-person screening limited to intake and gathering of information without requiring the exercise of judgment based on medical knowledge, acting under established standing orders under supervision when clinically indicated and when within scope of practice, obtaining vital signs, obtaining and recording patient history, preparing and maintaining examination and treatment areas, preparing patients for, and assisting with, examinations, procedures, treatments, and minor office surgeries, maintaining medication records, and screening and following up on test results; and
- administering medications that are (1) administered only by unit or single dosage or by a dosage calculated by a health care practitioner and (2) limited to legend drugs, vaccines, and schedule III-IV controlled substances as authorized by a health care practitioner under the scope of his or her license.

Prior to delegating a task to a medical assistant (which may be done via standing orders), a health care practitioner must determine:

- that the task is within the scope of practice of the health care practitioner;
- that the task is indicated for the patient;
- the appropriate level of supervision;
- that no law prohibits the delegation;
- that the medical assistant is competent to perform the task;
- that the task itself is one that should be appropriately delegated considering that:
  - the task can be performed without the exercise of judgment based on medical knowledge;
  - results of the task are reasonably predictable;
  - the task can be performed without a need for complex observations or critical decisions;
  - the task can be performed without repeated medical assessments; and
  - the task, if performed improperly, would not result in life-threatening consequences or the danger of immediate and serious harm to the patient.

The health care assistant credential is not changed. Registered health care assistants, however, are eligible to become medical assistants as long as they meet the requisite qualifications.

When setting fees for medical assistants and health care assistants, the Secretary of Health must consider both professions as a single profession.

**Appropriation:** None.

**Fiscal Note:** Available.

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