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HOUSE BILL 1515

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State of Washington                      63rd Legislature                      2013 Regular Session

By Representatives Cody, Jinkins, Green, Morrell, and Ryu

Read first time 01/29/13. Referred to Committee on Health Care & Wellness.

1            AN ACT Relating to medical assistants; amending RCW 18.360.050,  
2 18.360.060, and 18.360.080; creating a new section; providing an  
3 effective date; and declaring an emergency.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5            **Sec. 1.** RCW 18.360.050 and 2012 c 153 s 6 are each amended to read  
6 as follows:

7            (1) A medical assistant-certified may perform the following duties  
8 delegated by, and under the supervision of, a health care practitioner:

9            (a) Fundamental procedures:

10            (i) Wrapping items for autoclaving;

11            (ii) Procedures for sterilizing equipment and instruments;

12            (iii) Disposing of biohazardous materials; and

13            (iv) Practicing standard precautions.

14            (b) Clinical procedures:

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

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

19            (iii) Taking vital signs;

1 (iv) Preparing patients for examination;

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

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

5 (c) Specimen collection:

6 (i) Capillary puncture and venipuncture;

7 (ii) Obtaining specimens for microbiological testing; and

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

10 (d) Diagnostic testing:

11 (i) Electrocardiography;

12 (ii) Respiratory testing; and

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

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

21 (e) Patient care:

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

25 (ii) Obtaining vital signs;

26 (iii) Obtaining and recording patient history;

27 (iv) Preparing and maintaining examination and treatment areas;

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

31 (vi) Maintaining medication and immunization records; and

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

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

36 (A) Administered only by unit or single dosage, or by a dosage  
37 calculated and verified by a health care practitioner. For purposes of

1 this section, a combination or multidose vaccine shall be considered a  
2 unit dose;

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

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

9 (ii) The secretary may, by rule, limit the drugs that may be  
10 administered under this subsection. The rules adopted under this  
11 subsection must limit the drugs based on risk, class, or route.

12 (g) Intravenous injections. A medical assistant-certified may  
13 administer intravenous injections for diagnostic or therapeutic agents  
14 if he or she meets minimum standards established by the secretary in  
15 rule. The minimum standards must be substantially similar to the  
16 qualifications for category D and F health care assistants as they  
17 exist on July 1, 2013.

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

24 (3) A medical assistant-phlebotomist may perform capillary, venous,  
25 or arterial invasive procedures for blood withdrawal when delegated and  
26 supervised by a health care practitioner and pursuant to rules adopted  
27 by the secretary.

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

30 (a) Fundamental procedures:

31 (i) Wrapping items for autoclaving;

32 (ii) Procedures for sterilizing equipment and instruments;

33 (iii) Disposing of biohazardous materials; and

34 (iv) Practicing standard precautions.

35 (b) Clinical procedures:

36 (i) Preparing for sterile procedures;

37 (ii) Taking vital signs;

38 (iii) Preparing patients for examination; and

- 1 (iv) Observing and reporting patients' signs or symptoms.
- 2 (c) Specimen collection:
- 3 (i) Obtaining specimens for microbiological testing; and
- 4 (ii) Instructing patients in proper technique to collect urine and
- 5 fecal specimens.
- 6 (d) Patient care:
- 7 (i) Telephone and in-person screening limited to intake and
- 8 gathering of information without requiring the exercise of judgment
- 9 based on clinical knowledge;
- 10 (ii) Obtaining vital signs;
- 11 (iii) Obtaining and recording patient history;
- 12 (iv) Preparing and maintaining examination and treatment areas;
- 13 (v) Preparing patients for, and assisting with, routine and
- 14 specialty examinations, procedures, treatments, and minor office
- 15 surgeries. The department may, by rule, prohibit duties authorized
- 16 under this subsection (4)(d)(v) if performance of those duties by a
- 17 medical assistant-registered would pose an unreasonable risk to patient
- 18 safety;
- 19 (vi) Maintaining medication and immunization records; and
- 20 ((~~vi~~)) (vii) Screening and following up on test results as
- 21 directed by a health care practitioner.
- 22 (e)(i) Tests waived under the federal clinical laboratory
- 23 improvement amendments program on July 1, 2013. The department shall
- 24 periodically update the tests authorized under subsection (1)(d) of
- 25 this section based on changes made by the federal clinical laboratory
- 26 improvement amendments program.
- 27 (ii) Moderate complexity tests if the medical assistant-registered
- 28 meets standards for personnel qualifications and responsibilities in
- 29 compliance with federal regulation for nonwaived testing.
- 30 (f) Administering eye drops, topical ointments, and vaccines,
- 31 including combination or multidose vaccines.

32 **Sec. 2.** RCW 18.360.060 and 2012 c 153 s 7 are each amended to read

33 as follows:

34 (1) Prior to delegation of any of the functions in RCW 18.360.050,

35 a health care practitioner shall determine to the best of his or her

36 ability each of the following:

1 (a) That the task is within that health care practitioner's scope  
2 of licensure or authority;

3 (b) That the task is indicated for the patient;

4 (c) The appropriate level of supervision;

5 (d) That no law prohibits the delegation;

6 (e) That the person to whom the task will be delegated is competent  
7 to perform that task; and

8 (f) That the task itself is one that should be appropriately  
9 delegated when considering the following factors:

10 (i) That the task can be performed without requiring the exercise  
11 of judgment based on clinical knowledge;

12 (ii) That results of the task are reasonably predictable;

13 (iii) That the task can be performed without a need for complex  
14 observations or critical decisions;

15 (iv) That the task can be performed without repeated clinical  
16 assessments; and

17 (v) That the task, if performed improperly, (~~would not~~) is not  
18 likely to present life-threatening consequences or the danger of  
19 immediate and serious harm to the patient.

20 (2) Nothing in this section prohibits the use of protocols that do  
21 not involve clinical judgment and do not involve the administration of  
22 medications, other than vaccines.

23 **Sec. 3.** RCW 18.360.080 and 2012 c 153 s 9 are each amended to read  
24 as follows:

25 (1) The department may not issue new certifications for category C,  
26 D, E, or F health care assistants on or after July 1, 2013. The  
27 department shall certify a category C, D, E, or F health care assistant  
28 whose certification is in good standing and who was certified prior to  
29 July 1, 2013, as a medical assistant-certified when he or she renews  
30 his or her certification.

31 (2) The department may not issue new certifications for category G  
32 health care assistants on or after July 1, 2013. The department shall  
33 certify a category G health care assistant whose certification is in  
34 good standing and who was certified prior to July 1, 2013, as a medical  
35 assistant-hemodialysis technician when he or she renews his or her  
36 certification.

1           (3) The department may not issue new certifications for category A  
2 or B health care assistants on or after July 1, 2013. The department  
3 shall certify a category A or B health care assistant whose  
4 certification is in good standing and who was certified prior to July  
5 1, 2013, as a medical assistant-phlebotomist when he or she renews his  
6 or her certification.

7           NEW SECTION.   **Sec. 4.** The department of health may delay the  
8 implementation of the medical assistant-registered credential to the  
9 extent necessary to comply with this act.

10           NEW SECTION.   **Sec. 5.** This act is necessary for the immediate  
11 preservation of the public peace, health, or safety, or support of the  
12 state government and its existing public institutions, and takes effect  
13 July 1, 2013.

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