
SUBSTITUTE SENATE BILL 6283

State of Washington

63rd Legislature

2014 Regular Session

By Senate Health Care (originally sponsored by Senators Becker, Bailey, and Keiser)

READ FIRST TIME 01/31/14.

1 AN ACT Relating to clarifying the practice of a phlebotomist; and
2 amending RCW 18.360.050.

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

4 **Sec. 1.** RCW 18.360.050 and 2013 c 128 s 3 are each amended to read
5 as follows:

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

8 (a) Fundamental procedures:

9 (i) Wrapping items for autoclaving;

10 (ii) Procedures for sterilizing equipment and instruments;

11 (iii) Disposing of biohazardous materials; and

12 (iv) Practicing standard precautions.

13 (b) Clinical procedures:

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

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

18 (iii) Taking vital signs;

19 (iv) Preparing patients for examination;

1 (v) Capillary blood withdrawal, venipuncture, and intradermal,
2 subcutaneous, and intramuscular injections; and
3 (vi) Observing and reporting patients' signs or symptoms.
4 (c) Specimen collection:
5 (i) Capillary puncture and venipuncture;
6 (ii) Obtaining specimens for microbiological testing; and
7 (iii) Instructing patients in proper technique to collect urine and
8 fecal specimens.
9 (d) Diagnostic testing:
10 (i) Electrocardiography;
11 (ii) Respiratory testing; and
12 (iii)(A) Tests waived under the federal clinical laboratory
13 improvement amendments program on July 1, 2013. The department shall
14 periodically update the tests authorized under this subsection (1)(d)
15 based on changes made by the federal clinical laboratory improvement
16 amendments program; and
17 (B) Moderate complexity tests if the medical assistant-certified
18 meets standards for personnel qualifications and responsibilities in
19 compliance with federal regulation for nonwaived testing.
20 (e) Patient care:
21 (i) Telephone and in-person screening limited to intake and
22 gathering of information without requiring the exercise of judgment
23 based on clinical knowledge;
24 (ii) Obtaining vital signs;
25 (iii) Obtaining and recording patient history;
26 (iv) Preparing and maintaining examination and treatment areas;
27 (v) Preparing patients for, and assisting with, routine and
28 specialty examinations, procedures, treatments, and minor office
29 surgeries;
30 (vi) Maintaining medication and immunization records; and
31 (vii) Screening and following up on test results as directed by a
32 health care practitioner.
33 (f)(i) Administering medications. A medical assistant-certified
34 may only administer medications if the drugs are:
35 (A) Administered only by unit or single dosage, or by a dosage
36 calculated and verified by a health care practitioner. For purposes of
37 this section, a combination or multidose vaccine shall be considered a
38 unit dose;

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

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

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

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

19 (h) Urethral catheterization when appropriately trained.

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

26 (3) A medical assistant-phlebotomist may perform:

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

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

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

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

- 1 (a) Fundamental procedures:
- 2 (i) Wrapping items for autoclaving;
- 3 (ii) Procedures for sterilizing equipment and instruments;
- 4 (iii) Disposing of biohazardous materials; and
- 5 (iv) Practicing standard precautions.
- 6 (b) Clinical procedures:
- 7 (i) Preparing for sterile procedures;
- 8 (ii) Taking vital signs;
- 9 (iii) Preparing patients for examination; and
- 10 (iv) Observing and reporting patients' signs or symptoms.
- 11 (c) Specimen collection:
- 12 (i) Obtaining specimens for microbiological testing; and
- 13 (ii) Instructing patients in proper technique to collect urine and
- 14 fecal specimens.
- 15 (d) Patient care:
- 16 (i) Telephone and in-person screening limited to intake and
- 17 gathering of information without requiring the exercise of judgment
- 18 based on clinical knowledge;
- 19 (ii) Obtaining vital signs;
- 20 (iii) Obtaining and recording patient history;
- 21 (iv) Preparing and maintaining examination and treatment areas;
- 22 (v) Preparing patients for, and assisting with, routine and
- 23 specialty examinations, procedures, treatments, and minor office
- 24 surgeries utilizing no more than local anesthetic. The department may,
- 25 by rule, prohibit duties authorized under this subsection (4)(d)(v) if
- 26 performance of those duties by a medical assistant-registered would
- 27 pose an unreasonable risk to patient safety;
- 28 (vi) Maintaining medication and immunization records; and
- 29 (vii) Screening and following up on test results as directed by a
- 30 health care practitioner.
- 31 (e)(i) Tests waived under the federal clinical laboratory
- 32 improvement amendments program on July 1, 2013. The department shall
- 33 periodically update the tests authorized under subsection (1)(d) of
- 34 this section based on changes made by the federal clinical laboratory
- 35 improvement amendments program.
- 36 (ii) Moderate complexity tests if the medical assistant-registered
- 37 meets standards for personnel qualifications and responsibilities in
- 38 compliance with federal regulation for nonwaived testing.

- 1 (f) Administering eye drops, topical ointments, and vaccines,
- 2 including combination or multidose vaccines.
- 3 (g) Urethral catheterization when appropriately trained.

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