
SENATE BILL 5983

State of Washington

68th Legislature

2024 Regular Session

By Senators Lias, Rivers, Dhingra, Nobles, Pedersen, Robinson, and Van De Wege

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1 AN ACT Relating to allowing medical assistants with telehealth
2 access to a supervising clinician to provide intramuscular injections
3 for syphilis treatment in the field for public health response
4 efforts; amending RCW 18.360.010 and 18.360.050; adding a new section
5 to chapter 18.360 RCW; creating a new section; and declaring an
6 emergency.

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

8 NEW SECTION. **Sec. 1.** (1) The legislature recognizes
9 Washington's syphilis epidemic continues to grow, causing long-term
10 health consequences and deaths that are preventable. Between 2019 and
11 2021, the number of reported syphilis cases in Washington state
12 increased by 49 percent, while the number of cases of primary and
13 secondary syphilis, an early stage infection characterized by a high
14 risk of transmission, increased by 79 percent.

15 (2) In 2021, the legislature funded the sexually transmitted
16 infection and hepatitis B virus legislative advisory group which
17 produced policy recommendations in 2022 that included allowing
18 medical assistants with telehealth access to a supervising clinician
19 to provide intramuscular injections for syphilis treatment. It is the
20 intent of the legislature to increase access to syphilis treatment to

1 populations with high rates of syphilis and who are at the most risk
2 of serious health outcomes due to syphilis infection.

3 **Sec. 2.** RCW 18.360.010 and 2023 c 134 s 1 are each amended to
4 read as follows:

5 The definitions in this section apply throughout this chapter
6 unless the context clearly requires otherwise.

7 (1) "Administer" means the retrieval of medication, and its
8 application to a patient, as authorized in RCW 18.360.050.

9 (2) "Delegation" means direct authorization granted by a licensed
10 health care practitioner to a medical assistant to perform the
11 functions authorized in this chapter which fall within the scope of
12 practice of the health care provider and the training and experience
13 of the medical assistant.

14 (3) "Department" means the department of health.

15 (4) "Forensic phlebotomist" means a police officer, law
16 enforcement officer, or employee of a correctional facility or
17 detention facility, who is certified under this chapter and meets any
18 additional training and proficiency standards of his or her employer
19 to collect a venous blood sample for forensic testing pursuant to a
20 search warrant, a waiver of the warrant requirement, or exigent
21 circumstances.

22 (5) "Health care practitioner" means:

23 (a) A physician licensed under chapter 18.71 RCW;

24 (b) An osteopathic physician and surgeon licensed under chapter
25 18.57 RCW; or

26 (c) Acting within the scope of their respective licensure, a
27 podiatric physician and surgeon licensed under chapter 18.22 RCW, a
28 registered nurse or advanced registered nurse practitioner licensed
29 under chapter 18.79 RCW, a naturopath licensed under chapter 18.36A
30 RCW, a physician assistant licensed under chapter 18.71A RCW, or an
31 optometrist licensed under chapter 18.53 RCW.

32 (6) "Local health officer" means a local health officer as
33 defined in RCW 70.05.010.

34 (7) "Medical assistant-certified" means a person certified under
35 RCW 18.360.040 who assists a health care practitioner with patient
36 care, executes administrative and clinical procedures, and performs
37 functions as provided in RCW 18.360.050 under the supervision of the
38 health care practitioner.

1 (~~(7)~~) (8) "Medical assistant-hemodialysis technician" means a
2 person certified under RCW 18.360.040 who performs hemodialysis and
3 other functions pursuant to RCW 18.360.050 under the supervision of a
4 health care practitioner.

5 (~~(8)~~) (9) "Medical assistant-phlebotomist" means a person
6 certified under RCW 18.360.040 who performs capillary, venous, and
7 arterial invasive procedures for blood withdrawal and other functions
8 pursuant to RCW 18.360.050 under the supervision of a health care
9 practitioner.

10 (~~(9)~~) (10) "Medical assistant-registered" means a person
11 registered under RCW 18.360.040 who, pursuant to an endorsement by a
12 health care practitioner, clinic, or group practice, assists a health
13 care practitioner with patient care, executes administrative and
14 clinical procedures, and performs functions as provided in RCW
15 18.360.050 under the supervision of the health care practitioner.

16 (~~(10)~~) (11) "Secretary" means the secretary of the department
17 of health.

18 (~~(11)~~) (12)(a) "Supervision" means supervision of procedures
19 permitted pursuant to this chapter by a health care practitioner who
20 is physically present and is immediately available in the facility,
21 except as provided in (b) and (c) of this subsection.

22 (b) The health care practitioner does not need to be present
23 during procedures to withdraw blood, administer vaccines, or obtain
24 specimens for or perform diagnostic testing, but must be immediately
25 available.

26 (c) During a telemedicine visit, supervision over a medical
27 assistant assisting a health care practitioner with the telemedicine
28 visit may be provided through interactive audio and video
29 telemedicine technology.

30 **Sec. 3.** RCW 18.360.050 and 2023 c 134 s 3 are each amended to
31 read as follows:

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

35 (a) Fundamental procedures:

36 (i) Wrapping items for autoclaving;

37 (ii) Procedures for sterilizing equipment and instruments;

38 (iii) Disposing of biohazardous materials; and

39 (iv) Practicing standard precautions.

1 (b) Clinical procedures:
2 (i) Performing aseptic procedures in a setting other than a
3 hospital licensed under chapter 70.41 RCW;
4 (ii) Preparing of and assisting in sterile procedures in a
5 setting other than a hospital under chapter 70.41 RCW;
6 (iii) Taking vital signs;
7 (iv) Preparing patients for examination;
8 (v) Capillary blood withdrawal, venipuncture, and intradermal,
9 subcutaneous, and intramuscular injections; and
10 (vi) Observing and reporting patients' signs or symptoms.
11 (c) Specimen collection:
12 (i) Capillary puncture and venipuncture;
13 (ii) Obtaining specimens for microbiological testing; and
14 (iii) Instructing patients in proper technique to collect urine
15 and fecal specimens.
16 (d) Diagnostic testing:
17 (i) Electrocardiography;
18 (ii) Respiratory testing; and
19 (iii)(A) Tests waived under the federal clinical laboratory
20 improvement amendments program on July 1, 2013. The department shall
21 periodically update the tests authorized under this subsection (1)(d)
22 based on changes made by the federal clinical laboratory improvement
23 amendments program; and
24 (B) Moderate complexity tests if the medical assistant-certified
25 meets standards for personnel qualifications and responsibilities in
26 compliance with federal regulation for nonwaived testing.
27 (e) Patient care:
28 (i) Telephone and in-person screening limited to intake and
29 gathering of information without requiring the exercise of judgment
30 based on clinical knowledge;
31 (ii) Obtaining vital signs;
32 (iii) Obtaining and recording patient history;
33 (iv) Preparing and maintaining examination and treatment areas;
34 (v) Preparing patients for, and assisting with, routine and
35 specialty examinations, procedures, treatments, and minor office
36 surgeries;
37 (vi) Maintaining medication and immunization records; and
38 (vii) Screening and following up on test results as directed by a
39 health care practitioner.

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

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

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

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

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

18 (g) Intravenous injections. A medical assistant-certified may
19 establish intravenous lines for diagnostic or therapeutic purposes,
20 without administering medications, under the supervision of a health
21 care practitioner, and administer intravenous injections for
22 diagnostic or therapeutic agents under the direct visual supervision
23 of a health care practitioner if the medical assistant-certified
24 meets minimum standards established by the secretary in rule. The
25 minimum standards must be substantially similar to the qualifications
26 for category D and F health care assistants as they exist on July 1,
27 2013.

28 (h) Urethral catheterization when appropriately trained.

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

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

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

39 (b) Tests waived under the federal clinical laboratory
40 improvement amendments program on July 1, 2013. The department shall

1 periodically update the tests authorized under this section based on
2 changes made by the federal clinical laboratory improvement
3 amendments program;

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

8 (d) Electrocardiograms.

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

12 (a) Fundamental procedures:

13 (i) Wrapping items for autoclaving;

14 (ii) Procedures for sterilizing equipment and instruments;

15 (iii) Disposing of biohazardous materials; and

16 (iv) Practicing standard precautions.

17 (b) Clinical procedures:

18 (i) Preparing for sterile procedures;

19 (ii) Taking vital signs;

20 (iii) Preparing patients for examination; and

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

22 (c) Specimen collection:

23 (i) Obtaining specimens for microbiological testing; and

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

26 (d) Patient care:

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

30 (ii) Obtaining vital signs;

31 (iii) Obtaining and recording patient history;

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

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

39 (vi) Maintaining medication and immunization records; and

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

3 (e) Diagnostic testing and electrocardiography.

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

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

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

15 (h) Urethral catheterization when appropriately trained.

16 (i) Administering medications:

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

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

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

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

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

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

1 (ii) A medical assistant-registered may administer intramuscular
2 injections for the purposes of treating known or suspected syphilis
3 infection without immediate supervision if: (A) A local health
4 officer or the department has granted temporary authority under
5 section 4 of this act; and (B) a health care practitioner is
6 providing supervision through interactive audio and video
7 telemedicine technology in accordance with RCW 18.360.010(12)(c).

8 NEW SECTION. Sec. 4. A new section is added to chapter 18.360
9 RCW to read as follows:

10 (1) A local health officer acting under RCW 70.05.070 or the
11 department may determine the need to grant medical assistants-
12 registered the temporary authority to treat known or suspected
13 syphilis infections under RCW 18.360.050(4)(j)(ii) when: (a) Total
14 rates of infection for a county or in a specific subpopulation exceed
15 those typically observed by more than 25 percent; and (b) the
16 affected population has difficulty accessing treatment or
17 immunizations through existing sources of medical care and could
18 potentially benefit from expanded outreach treatment or immunization.

19 (2) The local health officer or the department shall notify
20 health providers when this temporary authority begins and when the
21 temporary authority ends.

22 (3) The local health officer or the department shall end the
23 temporary authority when the rates of known or suspected syphilis
24 infections no longer meet the criteria detailed in subsection (1) of
25 this section.

26 (4) Before temporary authority is determined, the department
27 shall coordinate any localized communication, outreach, or response
28 work with the local health officer and local health jurisdiction.

29 NEW SECTION. Sec. 5. This act is necessary for the immediate
30 preservation of the public peace, health, or safety, or support of
31 the state government and its existing public institutions, and takes
32 effect immediately.

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