

SENATE BILL REPORT

ESSB 6237

As Amended by House, February 29, 2012

Title: An act relating to creating a career pathway for medical assistants.

Brief Description: Creating a career pathway for medical assistants.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Keiser, Conway, Kline, Frockt and Becker).

Brief History:

Committee Activity: Health & Long-Term Care: 1/18/12, 1/25/12 [DPS, w/oRec].

Passed Senate: 2/09/12, 42-6.

Passed House: 2/29/12, 97-1.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 6237 be substituted therefor, and the substitute bill do pass.

Signed by Senators Keiser, Chair; Conway, Vice Chair; Frockt, Kline, Pflug and Pridemore.

Minority Report: That it be referred without recommendation.

Signed by Senator Becker, Ranking Minority Member.

Staff: Kathleen Buchli (786-7488)

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 care 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;

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- Category B: arterial invasive procedures for blood withdrawal;
- 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 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 recommended that existing health care assistant categories be blended 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. The DOH also recommended removal of the requirement that a credential holder obtain a new credential every time he or she leaves a facility or delegator.

Summary of Engrossed Substitute Bill: The designation of health care assistant is changed to medical assistant. Beginning July 1, 2014, medical assistants must be certified in order to practice as a medical assistant. The DOH must adopt minimum requirements for entry into the medical assistant profession and establish a career ladder so that medical assistants can, through experience and education, increase their skills and the procedures in which they are permitted to assist. Once certified, medical assistants may only practice in the category of medical assistant for which they are certified, but they may receive training under the supervision of a health care professional in another category of medical assistant. Certified medical assistants must be at least 18 years of age or older, have satisfactorily completed a medical assistant program approved by the secretary, and demonstrate evidence of completing the education and training requirements for the category of medical assistant for which they are seeking certification. One category must relate to hemodialysis technicians who may be trained by the facility in which they are employed and are otherwise exempt from the DOH requirements.

The secretary of DOH (secretary) may adopt rules providing for the transition of health care assistants to medical assistants and ensure that health care assistants practicing before July 1, 2014, will be certified in the appropriate medical assistant category for that person's education and experience. The secretary must also adopt rules necessary to administer the program including establishing necessary forms, issuing or denying certificates, keeping records, hiring necessary staff, conducting hearings on appeals of denials of certification, and investigating violations. Medical assistants are subject to the Uniform Disciplinary Act. The certificates of medical assistants are not tied to the facility in which the medical assistant works and, instead, follows the medical assistant. By December 1, 2012, the secretary must submit a preliminary plan to the Legislature on the proposed categories of medical assistants, their scope of practice, and the plan to transition health care assistants to medical assistants.

Appropriation: None.

Fiscal Note: Available.

[OFM requested ten-year cost projection pursuant to I-960.]

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill: OTHER: The current seven categories of medical assistants are unwieldy and confusing to clinics and practices. We are working on the House version of this bill and it is close to being ready. We support the regulation of medical assistants and we need to look at consolidating categories of the assistants. The bill should provide more parameters around the scope of practice of medical assistants. The 2011 sunrise review is not fully integrated into the language of the bill. The amount of supervision and delegation needs to be specified. We are in support of a career ladder.

Persons Testifying: OTHER: Carl Nelson, WA State Medical Assn.; Ellie Menzies, Service Employees International Union #1199; Sofia Aragon, WA State Nurses Assn.

House Amendment(s): Rather than require DOH to establish a career ladder for medical assistants and to establish the categories of medical assistants, medical assistant categories are provided in statute. Four categories of medical assistants are created: Medical assistant-certified; medical assistant-hemodialysis technician; medical assistant-phlebotomist; and medical assistant-registered. Only medical assistant-registered may be registered by DOH, all other categories must be certified. Certifications are transferable between practice settings while registrations are not transferrable to another health care practitioner, clinic, or group practice.

A medical assistant-certified is a person who is certified by DOH and performs tasks under the supervision of a health care practitioner. Tasks that may be performed include fundamental procedures, clinical procedures, specimen collection, diagnostic testing, patient care, administering medications, and administering intravenous injections.

A medical assistant-hemodialysis technician is a person who performs hemodialysis when delegated and supervised by a health care practitioner. This category permits a person to administer drugs and oxygen to a patient and qualifications adopted by the secretary of DOH must be equivalent to the qualifications that currently exist for hemodialysis technicians.

A medical assistant-phlebotomist is a person who performs capillary, venous, and arterial invasive procedures for blood withdrawal and other functions when delegated and supervised by a health care practitioner.

Before delegating a task to a medical assistant, the health care practitioner must determine that the task is within the practitioner's scope of practice and that the medical assistant is competent to perform the task. Current categories of health care assistants (categories A through G) are to be phased out; new certifications are not to be issued after July 1, 2013. Category A and B assistants become medical assistant-phlebotomists, category C through F assistants become

medical assistants-certified, and category G assistants become medical assistants-hemodialysis technicians.

The Secretary of DOH must develop recommendations regarding a career path plan for medical assistants. The plan must be developed in consultation with stakeholders. The career path plan evaluates and maps career paths for medical assistants and entry-level health care workers to transition by means of a career ladder into medical assistants or other health care professions. The plan must be reported to the Legislature by December 15, 2012.

Applicants with military training or experience satisfy training and experience requirements unless the Secretary determines that the military training or experience is not substantially equivalent to state standards.

Nursing technicians may work in a clinical setting.