

**SSB 6283** - H AMD **995**

By Representative Cody

ADOPTED 03/13/2014

1 Strike everything after the enacting clause and insert the  
2 following:

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

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

20 (iv) Preparing patients for examination;

21 (v) Capillary blood withdrawal, venipuncture, and intradermal,  
22 subcutaneous, and intramuscular injections; and

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

24 (c) Specimen collection:

25 (i) Capillary puncture and venipuncture;

26 (ii) Obtaining specimens for microbiological testing; and

27

1 (iii) Instructing patients in proper technique to collect urine  
2 and fecal specimens.

3 (d) Diagnostic testing:

4 (i) Electrocardiography;

5 (ii) Respiratory testing; and

6 (iii)(A) Tests waived under the federal clinical laboratory  
7 improvement amendments program on July 1, 2013. The department shall  
8 periodically update the tests authorized under this subsection (1)(d)  
9 based on changes made by the federal clinical laboratory improvement  
10 amendments program; and

11 (B) Moderate complexity tests if the medical assistant-certified  
12 meets standards for personnel qualifications and responsibilities in  
13 compliance with federal regulation for nonwaived testing.

14 (e) Patient care:

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

18 (ii) Obtaining vital signs;

19 (iii) Obtaining and recording patient history;

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

21 (v) Preparing patients for, and assisting with, routine and  
22 specialty examinations, procedures, treatments, and minor office  
23 surgeries;

24 (vi) Maintaining medication and immunization records; and

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

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

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

33 (B) Limited to legend drugs, vaccines, and Schedule III-V  
34 controlled substances as authorized by a health care practitioner

1 under the scope of his or her license and consistent with rules  
2 adopted by the secretary under (f)(ii) of this subsection; and

3 (C) Administered pursuant to a written order from a health care  
4 practitioner.

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

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

17 (h) Urethral catheterization when appropriately trained.

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:

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

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

32 (c) Moderate and high complexity tests if the medical assistant-  
33 phlebotomist meets standards for personnel qualifications and  
34 responsibilities in compliance with federal regulation for nonwaived

1 testing; and

2 (d) Electrocardiograms.

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

6 (a) Fundamental procedures:

7 (i) Wrapping items for autoclaving;

8 (ii) Procedures for sterilizing equipment and instruments;

9 (iii) Disposing of biohazardous materials; and

10 (iv) Practicing standard precautions.

11 (b) Clinical procedures:

12 (i) Preparing for sterile procedures;

13 (ii) Taking vital signs;

14 (iii) Preparing patients for examination; and

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

16 (c) Specimen collection:

17 (i) Obtaining specimens for microbiological testing; and

18 (ii) Instructing patients in proper technique to collect urine and  
19 fecal specimens.

20 (d) 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 utilizing no more than local anesthetic. The department  
30 may, by rule, prohibit duties authorized under this subsection  
31 (4)(d)(v) if performance of those duties by a medical assistant-  
32 registered would pose an unreasonable risk to patient safety;

33 (vi) Maintaining medication and immunization records; and

34

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

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

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

11 (f) Administering eye drops, topical ointments, and vaccines,  
12 including combination or multidose vaccines.

13 (g) Urethral catheterization when appropriately trained."  
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EFFECT: Allows a medical assistant-phlebotomist to perform  
electrocardiograms and high complexity testing.

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