CERTIFICATION OF ENROLLMENT

SUBSTITUTE SENATE BILL 6283

63rd Legislature 2014 Regular Session

Passed by the Senate March 13, 2014 YEAS 48 NAYS 0

President of the Senate

Passed by the House March 13, 2014 YEAS 96 NAYS 1

Speaker of the House of Representatives

Approved

FILED

Secretary of State State of Washington

Governor of the State of Washington

CERTIFICATE

I, Hunter G. Goodman, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 6283** as passed by the Senate and the House of Representatives on the dates hereon set forth.

Secretary

SUBSTITUTE SENATE BILL 6283

AS AMENDED BY THE HOUSE

Passed Legislature - 2014 Regular Session

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 a15 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;

(v) Capillary blood withdrawal, venipuncture, and intradermal,
 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 and8 fecal specimens.

- 9 (d) Diagnostic testing:
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(i) Electrocardiography;

11 (ii) Respiratory testing; and

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

(i) Telephone and in-person screening limited to intake and
 gathering of information without requiring the exercise of judgment
 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;

(v) Preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office 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.

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

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(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 administer drugs and oxygen to a patient when delegated and supervised 23 24 by a health care practitioner and pursuant to rules adopted by the 25 secretary.

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(3) A medical assistant-phlebotomist may perform:

27 <u>(a) Capillary</u>, 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<u>;</u>

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;

34 (c) Moderate and high complexity tests if the medical assistant-35 phlebotomist meets standards for personnel qualifications and 36 responsibilities in compliance with federal regulation for nonwaived 37 testing; and

38 (d) Electrocardiograms.

(4) A medical assistant-registered may perform the following duties 1 delegated by, and under the supervision of, a health care practitioner: 2 (a) Fundamental procedures: 3 4 (i) Wrapping items for autoclaving; (ii) Procedures for sterilizing equipment and instruments; 5 (iii) Disposing of biohazardous materials; and б 7 (iv) Practicing standard precautions. 8 (b) Clinical procedures: (i) Preparing for sterile procedures; 9 10 (ii) Taking vital signs; (iii) Preparing patients for examination; and 11 12 (iv) Observing and reporting patients' signs or symptoms. 13 (c) Specimen collection: (i) Obtaining specimens for microbiological testing; and 14 (ii) Instructing patients in proper technique to collect urine and 15 16 fecal specimens. 17 (d) Patient care: (i) Telephone and in-person screening limited to intake and 18 gathering of information without requiring the exercise of judgment 19 20 based on clinical knowledge; 21 (ii) Obtaining vital signs; 22 (iii) Obtaining and recording patient history; 23 (iv) Preparing and maintaining examination and treatment areas; 24 (v) Preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office 25 26 surgeries utilizing no more than local anesthetic. The department may, 27 by rule, prohibit duties authorized under this subsection (4)(d)(v) if 28 performance of those duties by a medical assistant-registered would 29 pose an unreasonable risk to patient safety; 30 (vi) Maintaining medication and immunization records; and (vii) Screening and following up on test results as directed by a 31 32 health care practitioner. Tests waived under the 33 federal (e)(i) clinical laboratory improvement amendments program on July 1, 2013. The department shall 34 35 periodically update the tests authorized under subsection (1)(d) of 36 this section based on changes made by the federal clinical laboratory 37 improvement amendments program. SSB 6283.PL p. 4

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

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

(g) Urethral catheterization when appropriately trained.

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