

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE HOUSE BILL 1515

Chapter 128, Laws of 2013

63rd Legislature
2013 Regular Session

MEDICAL ASSISTANTS

EFFECTIVE DATE: 07/01/13

Passed by the House March 11, 2013
Yeas 97 Nays 0

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate April 15, 2013
Yeas 47 Nays 0

BRAD OWEN

President of the Senate

Approved May 3, 2013, 11:23 a.m.

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 1515** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BARBARA BAKER

Chief Clerk

FILED

May 3, 2013

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE HOUSE BILL 1515

Passed Legislature - 2013 Regular Session

State of Washington 63rd Legislature 2013 Regular Session

By House Health Care & Wellness (originally sponsored by
Representatives Cody, Jinkins, Green, Morrell, and Ryu)

READ FIRST TIME 02/22/13.

1 AN ACT Relating to medical assistants; amending RCW 18.360.005,
2 18.360.040, 18.360.050, 18.360.060, and 18.360.080; creating a new
3 section; providing an effective date; and declaring an emergency.

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

5 **Sec. 1.** RCW 18.360.005 and 2012 c 153 s 1 are each amended to read
6 as follows:

7 The legislature finds that medical assistants are health
8 professionals specifically trained to work in settings such as
9 physicians' offices, clinics, group practices, and other health care
10 facilities. These multiskilled personnel are trained to perform
11 administrative and clinical procedures under the supervision of health
12 care providers. Physicians value this unique versatility more and more
13 because of the skills of medical assistants and their ability to
14 contain costs and manage human resources efficiently. The demand for
15 medical assistants is expanding rapidly. The efficient and effective
16 delivery of health care in Washington will be improved by recognizing
17 the valuable contributions of medical assistants, and providing
18 statutory support for medical assistants in Washington state. The
19 legislature intends that individuals performing specialized functions

1 be trained and supervised in a manner that will not pose an undue risk
2 to patient safety. The legislature further finds that rural and small
3 medical practices and clinics may have limited access to formally
4 trained medical assistants. The legislature further intends that the
5 secretary of health develop recommendations for a career ladder that
6 includes medical assistants.

7 **Sec. 2.** RCW 18.360.040 and 2012 c 153 s 5 are each amended to read
8 as follows:

9 (1)(a) The secretary shall issue a certification as a medical
10 assistant-certified to any person who has satisfactorily completed a
11 medical assistant training program approved by the secretary, passed an
12 examination approved by the secretary, and met any additional
13 qualifications established under RCW 18.360.030.

14 (b) The secretary shall issue an interim certification to any
15 person who has met all of the qualifications in (a) of this subsection,
16 except for the passage of the examination. A person holding an interim
17 permit possesses the full scope of practice of a medical assistant-
18 certified. The interim permit expires upon passage of the examination
19 or after one year, whichever occurs first, and may not be renewed.

20 (2) The secretary shall issue a certification as a medical
21 assistant-hemodialysis technician to any person who meets the
22 qualifications for a medical assistant-hemodialysis technician
23 established under RCW 18.360.030.

24 (3) The secretary shall issue a certification as a medical
25 assistant-phlebotomist to any person who meets the qualifications for
26 a medical assistant-phlebotomist established under RCW 18.360.030.

27 (4)(a) The secretary shall issue a registration as a medical
28 assistant-registered to any person who has a current endorsement from
29 a health care practitioner, clinic, or group practice.

30 (b) In order to be endorsed under this subsection (4), a person
31 must:

32 (i) Be endorsed by a health care practitioner, clinic, or group
33 practice that meets the qualifications established under RCW
34 18.360.030; and

35 (ii) Have a current attestation of his or her endorsement to
36 perform specific medical tasks signed by a supervising health care

1 practitioner filed with the department. A medical assistant-registered
2 may only perform the medical tasks listed in his or her current
3 attestation of endorsement.

4 (c) A registration based on an endorsement by a health care
5 practitioner, clinic, or group practice is not transferrable to another
6 health care practitioner, clinic, or group practice.

7 (d) An applicant for registration as a medical assistant-registered
8 who applies to the department within seven days of employment by the
9 endorsing health care practitioner, clinic, or group practice may work
10 as a medical assistant-registered for up to sixty days while the
11 application is processed. The applicant must stop working on the
12 sixtieth day of employment if the registration has not been granted for
13 any reason.

14 (5) A certification issued under subsections (1) through (3) of
15 this section is transferrable between different practice settings.

16 **Sec. 3.** RCW 18.360.050 and 2012 c 153 s 6 are each amended to read
17 as follows:

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

20 (a) Fundamental procedures:

21 (i) Wrapping items for autoclaving;

22 (ii) Procedures for sterilizing equipment and instruments;

23 (iii) Disposing of biohazardous materials; and

24 (iv) Practicing standard precautions.

25 (b) Clinical procedures:

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

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

30 (iii) Taking vital signs;

31 (iv) Preparing patients for examination;

32 (v) Capillary blood withdrawal, venipuncture, and intradermal,
33 subcutaneous, and intramuscular injections; and

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

35 (c) Specimen collection:

36 (i) Capillary puncture and venipuncture;

37 (ii) Obtaining specimens for microbiological testing; and

1 (iii) Instructing patients in proper technique to collect urine and
2 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 of
31 this section, a combination or multidose vaccine shall be considered a
32 unit dose;

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

37 (C) Administered pursuant to a written order from a health care
38 practitioner.

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

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

13 (h) Urethral catheterization when appropriately trained.

14 (2) A medical assistant-hemodialysis technician may perform
15 hemodialysis when delegated and supervised by a health care
16 practitioner. A medical assistant-hemodialysis technician may also
17 administer drugs and oxygen to a patient when delegated and supervised
18 by a health care practitioner and pursuant to rules adopted by the
19 secretary.

20 (3) A medical assistant-phlebotomist may perform capillary, venous,
21 or arterial invasive procedures for blood withdrawal when delegated and
22 supervised by a health care practitioner and pursuant to rules adopted
23 by the secretary.

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

26 (a) Fundamental procedures:

- 27 (i) Wrapping items for autoclaving;
- 28 (ii) Procedures for sterilizing equipment and instruments;
- 29 (iii) Disposing of biohazardous materials; and
- 30 (iv) Practicing standard precautions.

31 (b) Clinical procedures:

- 32 (i) Preparing for sterile procedures;
- 33 (ii) Taking vital signs;
- 34 (iii) Preparing patients for examination; and
- 35 (iv) Observing and reporting patients' signs or symptoms.

36 (c) Specimen collection:

- 37 (i) Obtaining specimens for microbiological testing; and

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

3 (d) Patient care:

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

7 (ii) Obtaining vital signs;

8 (iii) Obtaining and recording patient history;

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

10 (v) Preparing patients for, and assisting with, routine and
11 specialty examinations, procedures, treatments, and minor office
12 surgeries utilizing no more than local anesthetic. The department may,
13 by rule, prohibit duties authorized under this subsection (4)(d)(v) if
14 performance of those duties by a medical assistant-registered would
15 pose an unreasonable risk to patient safety;

16 (vi) Maintaining medication and immunization records; and

17 (~~(vi)~~) (vii) Screening and following up on test results as
18 directed by a health care practitioner.

19 (e)(i) 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 subsection (1)(d) of
22 this section based on changes made by the federal clinical laboratory
23 improvement amendments program.

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

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

29 (g) Urethral catheterization when appropriately trained.

30 **Sec. 4.** RCW 18.360.060 and 2012 c 153 s 7 are each amended to read
31 as follows:

32 (1) Prior to delegation of any of the functions in RCW 18.360.050,
33 a health care practitioner shall determine to the best of his or her
34 ability each of the following:

35 (a) That the task is within that health care practitioner's scope
36 of licensure or authority;

37 (b) That the task is indicated for the patient;

- 1 (c) The appropriate level of supervision;
- 2 (d) That no law prohibits the delegation;
- 3 (e) That the person to whom the task will be delegated is competent
- 4 to perform that task; and
- 5 (f) That the task itself is one that should be appropriately
- 6 delegated when considering the following factors:
- 7 (i) That the task can be performed without requiring the exercise
- 8 of judgment based on clinical knowledge;
- 9 (ii) That results of the task are reasonably predictable;
- 10 (iii) That the task can be performed without a need for complex
- 11 observations or critical decisions;
- 12 (iv) That the task can be performed without repeated clinical
- 13 assessments; and
- 14 (v)(A) For a medical assistant other than a medical assistant-
- 15 hemodialysis technician, that the task, if performed improperly, would
- 16 not present life-threatening consequences or the danger of immediate
- 17 and serious harm to the patient; and
- 18 (B) For a medical assistant-hemodialysis technician, that the task,
- 19 if performed improperly, is not likely to present life-threatening
- 20 consequences or the danger of immediate and serious harm to the
- 21 patient.
- 22 (2) Nothing in this section prohibits the use of protocols that do
- 23 not involve clinical judgment and do not involve the administration of
- 24 medications, other than vaccines.

25 **Sec. 5.** RCW 18.360.080 and 2012 c 153 s 9 are each amended to read

26 as follows:

27 (1) The department may not issue new certifications for category C,

28 D, E, or F health care assistants on or after July 1, 2013. The

29 department shall certify a category C, D, E, or F health care assistant

30 whose certification is in good standing and who was certified prior to

31 July 1, 2013, as a medical assistant-certified when he or she renews

32 his or her certification.

33 (2) The department may not issue new certifications for category G

34 health care assistants on or after July 1, 2013. The department shall

35 certify a category G health care assistant whose certification is in

36 good standing and who was certified prior to July 1, 2013, as a medical

1 assistant-hemodialysis technician when he or she renews his or her
2 certification.

3 (3) The department may not issue new certifications for category A
4 or B health care assistants on or after July 1, 2013. The department
5 shall certify a category A or B health care assistant whose
6 certification is in good standing and who was certified prior to July
7 1, 2013, as a medical assistant-phlebotomist when he or she renews his
8 or her certification.

9 NEW SECTION. **Sec. 6.** The department of health may delay the
10 implementation of the medical assistant-registered credential to the
11 extent necessary to comply with this act.

12 NEW SECTION. **Sec. 7.** This act is necessary for the immediate
13 preservation of the public peace, health, or safety, or support of the
14 state government and its existing public institutions, and takes effect
15 July 1, 2013.

Passed by the House March 11, 2013.

Passed by the Senate April 15, 2013.

Approved by the Governor May 3, 2013.

Filed in Office of Secretary of State May 3, 2013.