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**SENATE BILL 5983**

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**State of Washington 68th Legislature 2024 Regular Session**

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

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

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

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

(2) In 2021, the legislature funded the sexually transmitted infection and hepatitis B virus legislative advisory group which produced policy recommendations in 2022 that included allowing medical assistants with telehealth access to a supervising clinician to provide intramuscular injections for syphilis treatment. It is the intent of the legislature to increase access to syphilis treatment to populations with high rates of syphilis and who are at the most risk of serious health outcomes due to syphilis infection.

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

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

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

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

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

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

(5) "Health care practitioner" means:

(a) A physician licensed under chapter 18.71 RCW;

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Fundamental procedures:

(i) Wrapping items for autoclaving;

(ii) Procedures for sterilizing equipment and instruments;

(iii) Disposing of biohazardous materials; and

(iv) Practicing standard precautions.

(b) Clinical procedures:

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

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

(iii) Taking vital signs;

(iv) Preparing patients for examination;

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

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

(c) Specimen collection:

(i) Capillary puncture and venipuncture;

(ii) Obtaining specimens for microbiological testing; and

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

(d) Diagnostic testing:

(i) Electrocardiography;

(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

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

(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;

(ii) Obtaining vital signs;

(iii) Obtaining and recording patient history;

(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;

(vi) Maintaining medication and immunization records; and

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

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

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

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

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

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

(g) Intravenous injections. A medical assistant-certified may establish intravenous lines for diagnostic or therapeutic purposes, without administering medications, under the supervision of a health care practitioner, and 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.

(h) Urethral catheterization when appropriately trained.

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

(3) A medical assistant-phlebotomist may perform:

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

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

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

(d) Electrocardiograms.

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

(a) Fundamental procedures:

(i) Wrapping items for autoclaving;

(ii) Procedures for sterilizing equipment and instruments;

(iii) Disposing of biohazardous materials; and

(iv) Practicing standard precautions.

(b) Clinical procedures:

(i) Preparing for sterile procedures;

(ii) Taking vital signs;

(iii) Preparing patients for examination; and

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

(c) Specimen collection:

(i) Obtaining specimens for microbiological testing; and

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

(d) 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;

(ii) Obtaining vital signs;

(iii) Obtaining and recording patient history;

(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, including those with minimal sedation. The department may, by rule, prohibit duties authorized under this subsection (4)(d)(v) if performance of those duties by a medical assistant-registered would pose an unreasonable risk to patient safety;

(vi) Maintaining medication and immunization records; and

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

(e) Diagnostic testing and electrocardiography.

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

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

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

(h) Urethral catheterization when appropriately trained.

(i) Administering medications:

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

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

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

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

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

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

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

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

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

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

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

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

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

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