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ENGROSSED SUBSTITUTE HOUSE BILL 1073

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State of Washington

68th Legislature

2023 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Harris, Tharinger, Ryu, Leavitt, Macri, Caldier, Santos, and Ormsby)

READ FIRST TIME 01/31/23.

1 AN ACT Relating to medical assistants; amending RCW 18.360.010,  
2 18.360.040, and 18.360.050; and declaring an emergency.

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

4 **Sec. 1.** RCW 18.360.010 and 2021 c 44 s 2 are each amended to  
5 read as follows:

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

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

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

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

16 (4) "Forensic phlebotomist" means a police officer, law  
17 enforcement officer, or employee of a correctional facility or  
18 detention facility, who is certified under this chapter and meets any  
19 additional training and proficiency standards of his or her employer  
20 to collect a venous blood sample for forensic testing pursuant to a

1 search warrant, a waiver of the warrant requirement, or exigent  
2 circumstances.

3 (5) "Health care practitioner" means:

4 (a) A physician licensed under chapter 18.71 RCW;

5 (b) An osteopathic physician and surgeon licensed under chapter  
6 18.57 RCW; or

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

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

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

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

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

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

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

38 (b) The health care practitioner does not need to be present  
39 during procedures to withdraw blood, administer vaccines, or obtain

1 specimens for or perform diagnostic testing, but must be immediately  
2 available.

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

7 **Sec. 2.** RCW 18.360.040 and 2017 c 336 s 17 are each amended to  
8 read 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  
12 an 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  
16 subsection, except for the passage of the examination. A person  
17 holding an interim permit possesses the full scope of practice of a  
18 medical assistant-certified. The interim permit expires upon passage  
19 of the examination and issuance of a certification, or after one  
20 year, whichever occurs first, and may not be renewed.

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

25 (b) In order to allow sufficient time for the processing of a  
26 medical assistant-hemodialysis technician certification, applicants  
27 for that credential who have completed their training program are  
28 allowed to continue to work at dialysis facilities, under the level  
29 of supervision required for the training program, for a period of up  
30 to 180 days after filing their application, to facilitate patient  
31 continuity of care.

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

35 (b) In order to allow sufficient time for the processing of a  
36 medical assistant-phlebotomist certification, applicants for that  
37 credential who have completed their training program are allowed to  
38 work, under the level of supervision required for the training

1 program, for a period of up to 180 days after filing their  
2 application, to facilitate access to services.

3 (4) The secretary shall issue a certification as a forensic  
4 phlebotomist to any person who meets the qualifications for a  
5 forensic phlebotomist established under RCW 18.360.030.

6 (5)(a) The secretary shall issue a registration as a medical  
7 assistant-registered to any person who has a current endorsement from  
8 a health care practitioner, clinic, or group practice.

9 (b) In order to be endorsed under this subsection (5), a person  
10 must:

11 (i) Be endorsed by a health care practitioner, clinic, or group  
12 practice that meets the qualifications established under RCW  
13 18.360.030; and

14 (ii) Have a current attestation of his or her endorsement to  
15 perform specific medical tasks signed by a supervising health care  
16 practitioner filed with the department. A medical assistant-  
17 registered may only perform the medical tasks listed in his or her  
18 current attestation of endorsement.

19 (c) A registration based on an endorsement by a health care  
20 practitioner, clinic, or group practice is not transferable to  
21 another health care practitioner, clinic, or group practice.

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

29 (6) A certification issued under subsections (1) through (3) of  
30 this section is transferable between different practice settings. A  
31 certification under subsection (4) of this section is transferable  
32 between law enforcement agencies.

33 **Sec. 3.** RCW 18.360.050 and 2014 c 138 s 1 are each amended to  
34 read as follows:

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

38 (a) Fundamental procedures:

39 (i) Wrapping items for autoclaving;

- 1 (ii) Procedures for sterilizing equipment and instruments;  
2 (iii) Disposing of biohazardous materials; and  
3 (iv) Practicing standard precautions.
- 4 (b) Clinical procedures:
- 5 (i) Performing aseptic procedures in a setting other than a  
6 hospital licensed under chapter 70.41 RCW;
- 7 (ii) Preparing of and assisting in sterile procedures in a  
8 setting other than a hospital under chapter 70.41 RCW;
- 9 (iii) Taking vital signs;
- 10 (iv) Preparing patients for examination;
- 11 (v) Capillary blood withdrawal, venipuncture, and intradermal,  
12 subcutaneous, and intramuscular injections; and
- 13 (vi) Observing and reporting patients' signs or symptoms.
- 14 (c) Specimen collection:
- 15 (i) Capillary puncture and venipuncture;
- 16 (ii) Obtaining specimens for microbiological testing; and
- 17 (iii) Instructing patients in proper technique to collect urine  
18 and fecal specimens.
- 19 (d) Diagnostic testing:
- 20 (i) Electrocardiography;
- 21 (ii) Respiratory testing; and
- 22 (iii)(A) Tests waived under the federal clinical laboratory  
23 improvement amendments program on July 1, 2013. The department shall  
24 periodically update the tests authorized under this subsection (1)(d)  
25 based on changes made by the federal clinical laboratory improvement  
26 amendments program; and
- 27 (B) Moderate complexity tests if the medical assistant-certified  
28 meets standards for personnel qualifications and responsibilities in  
29 compliance with federal regulation for nonwaived testing.
- 30 (e) Patient care:
- 31 (i) Telephone and in-person screening limited to intake and  
32 gathering of information without requiring the exercise of judgment  
33 based on clinical knowledge;
- 34 (ii) Obtaining vital signs;
- 35 (iii) Obtaining and recording patient history;
- 36 (iv) Preparing and maintaining examination and treatment areas;
- 37 (v) Preparing patients for, and assisting with, routine and  
38 specialty examinations, procedures, treatments, and minor office  
39 surgeries;
- 40 (vi) Maintaining medication and immunization records; and

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

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

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

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

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

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

20 (g) Intravenous injections. A medical assistant-certified may  
21 establish intravenous lines for diagnostic or therapeutic purposes,  
22 without administering medications, under the supervision of a health  
23 care practitioner, and administer intravenous injections for  
24 diagnostic or therapeutic agents under the direct visual supervision  
25 of a health care practitioner if the medical assistant-certified  
26 meets minimum standards established by the secretary in rule. The  
27 minimum standards must be substantially similar to the qualifications  
28 for category D and F health care assistants as they exist on July 1,  
29 2013.

30 (h) Urethral catheterization when appropriately trained.

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

37 (3) A medical assistant-phlebotomist may perform:

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

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

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

10 (d) Electrocardiograms.

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

14 (a) Fundamental procedures:

15 (i) Wrapping items for autoclaving;

16 (ii) Procedures for sterilizing equipment and instruments;

17 (iii) Disposing of biohazardous materials; and

18 (iv) Practicing standard precautions.

19 (b) Clinical procedures:

20 (i) Preparing for sterile procedures;

21 (ii) Taking vital signs;

22 (iii) Preparing patients for examination; and

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

24 (c) Specimen collection:

25 (i) Obtaining specimens for microbiological testing; and

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

28 (d) Patient care:

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

32 (ii) Obtaining vital signs;

33 (iii) Obtaining and recording patient history;

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

35 (v) Preparing patients for, and assisting with, routine and  
36 specialty examinations, procedures, treatments, and minor office  
37 surgeries (~~utilizing no more than local anesthetic~~), including  
38 those with minimal sedation. The department may, by rule, prohibit  
39 duties authorized under this subsection (4)(d)(v) if performance of

1 those duties by a medical assistant-registered would pose an  
2 unreasonable risk to patient safety;

3 (vi) Maintaining medication and immunization records; and

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

6 (e) Diagnostic testing and electrocardiography.

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

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

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

18 ~~((g))~~ (h) Urethral catheterization when appropriately trained.

19 (i) Administering medications:

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

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

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

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

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

38 (j) Intramuscular injections. A medical assistant-registered may  
39 administer intramuscular injections for diagnostic or therapeutic  
40 agents under the immediate supervision of a health care practitioner



1 if the medical assistant-registered meets minimum standards  
2 established by the secretary in rule.

3 NEW SECTION. **Sec. 4.** This act is necessary for the immediate  
4 preservation of the public peace, health, or safety, or support of  
5 the state government and its existing public institutions, and takes  
6 effect immediately.

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