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**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; and amending RCW  
2 18.360.040 and 18.360.050.

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

4 **Sec. 1.** RCW 18.360.040 and 2017 c 336 s 17 are each amended to  
5 read as follows:

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

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

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

1 (3) The secretary shall issue a certification as a medical  
2 assistant-phlebotomist to any person who meets the qualifications for  
3 a medical assistant-phlebotomist established under RCW 18.360.030. In  
4 order to allow sufficient time for the processing of a medical  
5 assistant-phlebotomist certification, applicants for that credential  
6 who have completed their training program are allowed to work, under  
7 the level of supervision required for the training program, for a  
8 period of up to 180 days after filing their application, to  
9 facilitate access to services.

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

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

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

18 (i) Be endorsed by a health care practitioner, clinic, or group  
19 practice that meets the qualifications established under RCW  
20 18.360.030; and

21 (ii) Have a current attestation of his or her endorsement to  
22 perform specific medical tasks signed by a supervising health care  
23 practitioner filed with the department. A medical assistant-  
24 registered may only perform the medical tasks listed in his or her  
25 current attestation of endorsement.

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

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

36 (6) A certification issued under subsections (1) through (3) of  
37 this section is transferable between different practice settings. A  
38 certification under subsection (4) of this section is transferable  
39 between law enforcement agencies.

1       **Sec. 2.** RCW 18.360.050 and 2014 c 138 s 1 are each amended to  
2 read as follows:

3       (1) A medical assistant-certified 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) Performing aseptic procedures in a setting other than a  
13 hospital licensed under chapter 70.41 RCW;

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

16       (iii) Taking vital signs;

17       (iv) Preparing patients for examination;

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

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

21       (c) Specimen collection:

22       (i) Capillary puncture and venipuncture;

23       (ii) Obtaining specimens for microbiological testing; and

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

26       (d) Diagnostic testing:

27       (i) Electrocardiography;

28       (ii) Respiratory testing; and

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

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

37       (e) Patient care:

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

- 1 (ii) Obtaining vital signs;  
2 (iii) Obtaining and recording patient history;  
3 (iv) Preparing and maintaining examination and treatment areas;  
4 (v) Preparing patients for, and assisting with, routine and  
5 specialty examinations, procedures, treatments, and minor office  
6 surgeries;  
7 (vi) Maintaining medication and immunization records; and  
8 (vii) Screening and following up on test results as directed by a  
9 health care practitioner.

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

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

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

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

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

27 (g) Intravenous injections. A medical assistant-certified may  
28 establish intravenous lines for diagnostic or therapeutic purposes,  
29 without administering medications, under the supervision of a health  
30 care practitioner, and administer intravenous injections for  
31 diagnostic or therapeutic agents under the direct visual supervision  
32 of a health care practitioner if the medical assistant-certified  
33 meets minimum standards established by the secretary in rule. The  
34 minimum standards must be substantially similar to the qualifications  
35 for category D and F health care assistants as they exist on July 1,  
36 2013.

37 (h) Urethral catheterization when appropriately trained.

38 (2) A medical assistant-hemodialysis technician may perform  
39 hemodialysis when delegated and supervised by a health care  
40 practitioner. A medical assistant-hemodialysis technician may also

1 administer drugs and oxygen to a patient when delegated and  
2 supervised by a health care practitioner and pursuant to rules  
3 adopted by the secretary.

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

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

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

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

17 (d) Electrocardiograms.

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

21 (a) Fundamental procedures:

22 (i) Wrapping items for autoclaving;

23 (ii) Procedures for sterilizing equipment and instruments;

24 (iii) Disposing of biohazardous materials; and

25 (iv) Practicing standard precautions.

26 (b) Clinical procedures:

27 (i) Preparing for sterile procedures;

28 (ii) Taking vital signs;

29 (iii) Preparing patients for examination; and

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

31 (c) Specimen collection:

32 (i) Obtaining specimens for microbiological testing; and

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

35 (d) Patient care:

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

39 (ii) Obtaining vital signs;

40 (iii) Obtaining and recording patient history;

1 (iv) Preparing and maintaining examination and treatment areas;  
2 (v) Preparing patients for, and assisting with, routine and  
3 specialty examinations, procedures, treatments, and minor office  
4 surgeries (~~utilizing no more than local anesthetic~~), including  
5 those with minimal sedation. The department may, by rule, prohibit  
6 duties authorized under this subsection (4)(d)(v) if performance of  
7 those duties by a medical assistant-registered would pose an  
8 unreasonable risk to patient safety;  
9 (vi) Maintaining medication and immunization records; and  
10 (vii) Screening and following up on test results as directed by a  
11 health care practitioner.  
12 (e)(i) Tests waived under the federal clinical laboratory  
13 improvement amendments program on July 1, 2013. The department shall  
14 periodically update the tests authorized under subsection (1)(d) of  
15 this section based on changes made by the federal clinical laboratory  
16 improvement amendments program.  
17 (ii) Moderate complexity tests if the medical assistant-  
18 registered meets standards for personnel qualifications and  
19 responsibilities in compliance with federal regulation for nonwaived  
20 testing.  
21 (f) Administering eye drops, topical ointments, and vaccines,  
22 including combination or multidose vaccines.  
23 (g) Urethral catheterization when appropriately trained.

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