
HOUSE BILL 1073

State of Washington

68th Legislature

2023 Regular Session

By Representatives Harris, Tharinger, Ryu, Leavitt, Macri, Caldier, Santos, and Ormsby

Prefiled 12/22/22. Read first time 01/09/23. Referred to Committee on Postsecondary Education & Workforce.

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. A
4 medical assistant-certified who has completed medical assistant-
5 phlebotomist training and has applied for medical assistant-
6 phlebotomist certification from the secretary may work as a medical
7 assistant-phlebotomist under supervision while the application is
8 being processed.

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

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

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

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

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

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

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

35 (6) A certification issued under subsections (1) through (3) of
36 this section is transferable between different practice settings. A
37 certification under subsection (4) of this section is transferable
38 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 administer intravenous injections for diagnostic or therapeutic
29 agents under the (~~direct—visual~~) supervision of a health care
30 practitioner if the medical assistant-certified meets minimum
31 standards established by the secretary in rule. The minimum standards
32 must be substantially similar to the qualifications for category D
33 and F health care assistants as they exist on July 1, 2013.

34 (h) Urethral catheterization when appropriately trained.

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

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

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

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

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

14 (d) Electrocardiograms.

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

18 (a) Fundamental procedures:

19 (i) Wrapping items for autoclaving;

20 (ii) Procedures for sterilizing equipment and instruments;

21 (iii) Disposing of biohazardous materials; and

22 (iv) Practicing standard precautions.

23 (b) Clinical procedures:

24 (i) Preparing for sterile procedures;

25 (ii) Taking vital signs;

26 (iii) Preparing patients for examination; and

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

28 (c) Specimen collection:

29 (i) Obtaining specimens for microbiological testing; and

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

32 (d) Patient care:

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

36 (ii) Obtaining vital signs;

37 (iii) Obtaining and recording patient history;

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

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

1 surgeries utilizing no more than local anesthetic. The department
2 may, by rule, prohibit duties authorized under this subsection
3 (4)(d)(v) if performance of those duties by a medical assistant-
4 registered would pose an unreasonable risk to patient safety;
5 (vi) Maintaining medication and immunization records; and
6 (vii) Screening and following up on test results as directed by a
7 health care practitioner.
8 (e)(i) 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 subsection (1)(d) of
11 this section based on changes made by the federal clinical laboratory
12 improvement amendments program.
13 (ii) Moderate complexity tests if the medical assistant-
14 registered meets standards for personnel qualifications and
15 responsibilities in compliance with federal regulation for nonwaived
16 testing.
17 (f) Administering eye drops, topical ointments, and vaccines,
18 including combination or multidose vaccines.
19 (g) Urethral catheterization when appropriately trained.

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