SUBSTITUTE SENATE BILL 5940

State of Washington 68th Legislature 2024 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Van De Wege, Hasegawa, Keiser, Lovick, Muzzall, and Wagoner)

READ FIRST TIME 01/22/24.

AN ACT Relating creating a medical assistant-EMT 1 to 2 certification; amending RCW 18.360.010, 18.360.020, 18.360.030, 3 18.360.040, and 18.360.050; and reenacting and amending RCW 18.120.020 and 18.130.040. 4

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

6 Sec. 1. RCW 18.360.010 and 2023 c 134 s 1 are each amended to 7 read as follows:

8 The definitions in this section apply throughout this chapter 9 unless the context clearly requires otherwise.

10 (1) "Administer" means the retrieval of medication, and its 11 application to a patient, as authorized in RCW 18.360.050.

12 (2) "Delegation" means direct authorization granted by a licensed 13 health care practitioner to a medical assistant to perform the 14 functions authorized in this chapter which fall within the scope of 15 practice of the health care provider and the training and experience 16 of the medical assistant.

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

18 (4) "Forensic phlebotomist" means a police officer, law 19 enforcement officer, or employee of a correctional facility or 20 detention facility, who is certified under this chapter and meets any 21 additional training and proficiency standards of his or her employer

1 to collect a venous blood sample for forensic testing pursuant to a 2 search warrant, a waiver of the warrant requirement, or exigent 3 circumstances.

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(5) "Health care practitioner" means:

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(a) A physician licensed under chapter 18.71 RCW;

6 (b) An osteopathic physician and surgeon licensed under chapter 7 18.57 RCW; or

8 (c) Acting within the scope of their respective licensure, a 9 podiatric physician and surgeon licensed under chapter 18.22 RCW, a 10 registered nurse or advanced registered nurse practitioner licensed 11 under chapter 18.79 RCW, a naturopath licensed under chapter 18.36A 12 RCW, a physician assistant licensed under chapter 18.71A RCW, or an 13 optometrist licensed under chapter 18.53 RCW.

14 (6) "Medical assistant-certified" means a person certified under 15 RCW 18.360.040 who assists a health care practitioner with patient 16 care, executes administrative and clinical procedures, and performs 17 functions as provided in RCW 18.360.050 under the supervision of the 18 health care practitioner.

(7) <u>"Medical assistant-EMT" means a person certified under RCW</u> 18.360.040 who performs functions as provided in RCW 18.360.050 under the supervision of a health care practitioner and holds: An emergency medical technician certification under RCW 18.73.081; an advanced emergency medical technician certification under RCW 18.71.205; or a paramedic certification under RCW 18.71.205.

25 (8) "Medical assistant-hemodialysis technician" means a person 26 certified under RCW 18.360.040 who performs hemodialysis and other 27 functions pursuant to RCW 18.360.050 under the supervision of a 28 health care practitioner.

(((8))) <u>(9)</u> "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.

34 (((9))) (10) "Medical assistant-registered" means a person 35 registered under RCW 18.360.040 who, pursuant to an endorsement by a 36 health care practitioner, clinic, or group practice, assists a health 37 care practitioner with patient care, executes administrative and 38 clinical procedures, and performs functions as provided in RCW 39 18.360.050 under the supervision of the health care practitioner.

1 (((10))) (11) "Secretary" means the secretary of the department 2 of health.

3 (((11))) <u>(12)</u>(a) "Supervision" means supervision of procedures 4 permitted pursuant to this chapter by a health care practitioner who 5 is physically present and is immediately available in the facility, 6 except as provided in (b) and (c) of this subsection.

7 (b) The health care practitioner does not need to be present 8 during procedures to withdraw blood, administer vaccines, or obtain 9 specimens for or perform diagnostic testing, but must be immediately 10 available.

11 (c) During a telemedicine visit, supervision over a medical 12 assistant assisting a health care practitioner with the telemedicine 13 visit may be provided through interactive audio and video 14 telemedicine technology.

15 Sec. 2. RCW 18.360.020 and 2017 c 336 s 15 are each amended to 16 read as follows:

(1) No person may practice as a medical assistant-certified, medical assistant-hemodialysis technician, medical assistantphlebotomist, <u>medical assistant-EMT</u>, or forensic phlebotomist unless he or she is certified under RCW 18.360.040.

(2) No person may practice as a medical assistant-registered
 unless he or she is registered under RCW 18.360.040.

23 Sec. 3. RCW 18.360.030 and 2019 c 55 s 8 are each amended to 24 read as follows:

(1) The secretary shall adopt rules specifying the minimum
 qualifications for a medical assistant-certified, medical assistant hemodialysis technician, medical assistant-phlebotomist, medical
 assistant-EMT, and forensic phlebotomist.

(a) The qualifications for a medical assistant-hemodialysis
 technician must be equivalent to the qualifications for hemodialysis
 technicians regulated pursuant to chapter 18.135 RCW as of January 1,
 2012.

33 (b) The qualifications for a forensic phlebotomist must include 34 training consistent with the occupational safety and health 35 administration guidelines and must include between twenty and thirty 36 hours of work in a clinical setting with the completion of more than 37 one hundred successful venipunctures. The secretary may not require

1 more than ((forty)) 40 hours of classroom training for initial
2 training, which may include online preclass homework.

(c) The qualifications for a medical assistant-EMT must be 3 consistent with the qualifications for the emergency medical 4 technician certification pursuant to RCW 18.73.081; the advanced 5 6 emergency medical technician certification pursuant to RCW 18.71.205; or the paramedic certification pursuant to RCW 18.71.205. The 7 secretary must ensure that any person with an emergency medical 8 technician, advanced emergency medical technician, or paramedic 9 10 certification is eligible for a medical assistant-EMT certification with no additional training or examination requirements if the 11 certification for the emergency medical technician, advanced 12 emergency medical technician, or a paramedic is in good standing. 13

14 (2) The secretary shall adopt rules that establish the minimum 15 requirements necessary for a health care practitioner, clinic, or 16 group practice to endorse a medical assistant as qualified to perform 17 the duties authorized by this chapter and be able to file an 18 attestation of that endorsement with the department.

19 (((3) The Washington medical commission, the board of osteopathic medicine and surgery, the podiatric medical board, the nursing care 20 quality assurance commission, the board of naturopathy, and the 21 optometry board shall each review and identify other specialty 22 assistive personnel not included in this chapter and the tasks they 23 24 perform. The department of health shall compile the information from 25 each disciplining authority listed in this subsection and submit the compiled information to the legislature no later than December 15, 26 27 $\frac{2012}{100}$

28 Sec. 4. RCW 18.360.040 and 2023 c 134 s 2 are each amended to 29 read as follows:

30 (1)(a) The secretary shall issue a certification as a medical 31 assistant-certified to any person who has satisfactorily completed a 32 medical assistant training program approved by the secretary, passed 33 an examination approved by the secretary, and met any additional 34 qualifications established under RCW 18.360.030.

35 (b) The secretary shall issue an interim certification to any 36 person who has met all of the qualifications in (a) of this 37 subsection, except for the passage of the examination. A person 38 holding an interim permit possesses the full scope of practice of a 39 medical assistant-certified. The interim permit expires upon passage

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1 of the examination and issuance of a certification, or after one 2 year, whichever occurs first, and may not be renewed.

3 (2)(a) The secretary shall issue a certification as a medical 4 assistant-hemodialysis technician to any person who meets the 5 qualifications for a medical assistant-hemodialysis technician 6 established under RCW 18.360.030.

7 (b) In order to allow sufficient time for the processing of a 8 medical assistant-hemodialysis technician certification, applicants 9 for that credential who have completed their training program are 10 allowed to continue to work at dialysis facilities, under the level 11 of supervision required for the training program, for a period of up 12 to 180 days after filing their application, to facilitate patient 13 continuity of care.

14 (3) (a) The secretary shall issue a certification as a medical 15 assistant-phlebotomist to any person who meets the qualifications for 16 a medical assistant-phlebotomist established under RCW 18.360.030.

17 (b) In order to allow sufficient time for the processing of a 18 medical assistant-phlebotomist certification, applicants for that 19 credential who have completed their training program are allowed to 20 work, under the level of supervision required for the training 21 program, for a period of up to 180 days after filing their 22 application, to facilitate access to services.

(4) <u>The secretary shall issue a certification as a medical</u>
 <u>assistant-EMT to any person who meets the qualifications for a</u>
 <u>medical assistant-EMT established under RCW 18.360.030.</u>

26 <u>(5)</u> The secretary shall issue a certification as a forensic 27 phlebotomist to any person who meets the qualifications for a 28 forensic phlebotomist established under RCW 18.360.030.

29 (((5))) <u>(6)</u>(a) The secretary shall issue a registration as a 30 medical assistant-registered to any person who has a current 31 endorsement from a health care practitioner, clinic, or group 32 practice.

33 (b) In order to be endorsed under this subsection ((-(5))) <u>(6)</u>, a 34 person must:

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

38 (ii) Have a current attestation of his or her endorsement to 39 perform specific medical tasks signed by a supervising health care 40 practitioner filed with the department. A medical assistant1 registered may only perform the medical tasks listed in his or her 2 current attestation of endorsement.

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

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

13 (((6))) <u>(7)</u> A certification issued under subsections (1) through 14 (3) of this section is transferable between different practice 15 settings. <u>A certification under subsection (4) of this section is</u> 16 <u>transferable only between hospitals licensed under chapter 70.41 RCW.</u> 17 A certification under subsection (((4))) <u>(5)</u> of this section is 18 transferable between law enforcement agencies.

19 Sec. 5. RCW 18.360.050 and 2023 c 134 s 3 are each amended to 20 read as follows:

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

- 24 (a) Fundamental procedures:
- 25 (i) Wrapping items for autoclaving;
- 26 (ii) Procedures for sterilizing equipment and instruments;
- 27 (iii) Disposing of biohazardous materials; and

28 (iv) Practicing standard precautions.

29 (b) Clinical procedures:

30 (i) Performing aseptic procedures in a setting other than a31 hospital licensed under chapter 70.41 RCW;

32 (ii) Preparing of and assisting in sterile procedures in a 33 setting other than a hospital under chapter 70.41 RCW;

- 34 (iii) Taking vital signs;
- 35 (iv) Preparing patients for examination;

36 (v) Capillary blood withdrawal, venipuncture, and intradermal, 37 subcutaneous, and intramuscular injections; and

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

39 (c) Specimen collection:

1 (i) Capillary puncture and venipuncture;

2 (ii) Obtaining specimens for microbiological testing; and

3 (iii) Instructing patients in proper technique to collect urine 4 and fecal specimens.

5 (d) Diagnostic testing:

6 (i) Electrocardiography;

7 (ii) Respiratory testing; and

8 (iii)(A) 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 subsection (1)(d) 11 based on changes made by the federal clinical laboratory improvement 12 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.

16 (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;

20 21 (ii) Obtaining vital signs;

(iii) Obtaining and recording patient history;

22 (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;

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(vi) Maintaining medication and immunization records; and

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

29 (f)(i) Administering medications. A medical assistant-certified 30 may only administer medications if the drugs are:

31 (A) Administered only by unit or single dosage, or by a dosage 32 calculated and verified by a health care practitioner. For purposes 33 of this section, a combination or multidose vaccine shall be 34 considered a unit dose;

35 (B) Limited to legend drugs, vaccines, and Schedule III-V 36 controlled substances as authorized by a health care practitioner 37 under the scope of his or her license and consistent with rules 38 adopted by the secretary under (f)(ii) of this subsection; and

39 (C) Administered pursuant to a written order from a health care 40 practitioner. 1 (ii) A medical assistant-certified may not administer 2 experimental drugs or chemotherapy agents. The secretary may, by 3 rule, further limit the drugs that may be administered under this 4 subsection (1)(f). The rules adopted under this subsection must limit 5 the drugs based on risk, class, or route.

6 (g) Intravenous injections. A medical assistant-certified may 7 establish intravenous lines for diagnostic or therapeutic purposes, without administering medications, under the supervision of a health 8 care practitioner, and administer intravenous 9 injections for diagnostic or therapeutic agents under the direct visual supervision 10 of a health care practitioner if the medical assistant-certified 11 12 meets minimum standards established by the secretary in rule. The minimum standards must be substantially similar to the qualifications 13 14 for category D and F health care assistants as they exist on July 1, 15 2013.

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(h) Urethral catheterization when appropriately trained.

17 (2) A medical assistant-hemodialysis technician may perform 18 hemodialysis when delegated and supervised by a health care 19 practitioner. A medical assistant-hemodialysis technician may also 20 administer drugs and oxygen to a patient when delegated and 21 supervised by a health care practitioner and pursuant to rules 22 adopted by the secretary.

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(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;

27 (b) Tests waived under the federal clinical laboratory 28 improvement amendments program on July 1, 2013. The department shall 29 periodically update the tests authorized under this section based on 30 changes made by the federal clinical laboratory improvement 31 amendments program;

32 (c) Moderate and high complexity tests if the medical assistant-33 phlebotomist meets standards for personnel qualifications and 34 responsibilities in compliance with federal regulation for nonwaived 35 testing; and

36 (d) Electrocardiograms.

37 (4) A medical assistant-registered may perform the following 38 duties delegated by, and under the supervision of, a health care 39 practitioner:

40 (a) Fundamental procedures:

1 (i) Wrapping items for autoclaving; (ii) Procedures for sterilizing equipment and instruments; 2 3 (iii) Disposing of biohazardous materials; and (iv) Practicing standard precautions. 4 (b) Clinical procedures: 5 6 (i) Preparing for sterile procedures; 7 (ii) Taking vital signs; (iii) Preparing patients for examination; and 8 (iv) Observing and reporting patients' signs or symptoms. 9 (c) Specimen collection: 10 (i) Obtaining specimens for microbiological testing; and 11 12 (ii) Instructing patients in proper technique to collect urine and fecal specimens. 13 14 (d) Patient care: (i) Telephone and in-person screening limited to intake and 15 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; (iv) Preparing and maintaining examination and treatment areas; 20 21 (v) Preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office 22 surgeries, including those with minimal sedation. The department may, 23 by rule, prohibit duties authorized under this subsection (4)(d)(v) 24 25 if performance of those duties by a medical assistant-registered 26 would pose an unreasonable risk to patient safety; 27 (vi) Maintaining medication and immunization records; and 28 (vii) Screening and following up on test results as directed by a 29 health care practitioner. 30 (e) Diagnostic testing and electrocardiography. 31 (f) (i) Tests waived under the federal clinical laboratory improvement amendments program on July 1, 2013. The department shall 32 periodically update the tests authorized under subsection (1)(d) of 33 this section based on changes made by the federal clinical laboratory 34 35 improvement amendments program. 36 (ii) Moderate complexity tests if the medical assistantregistered meets standards for personnel qualifications and 37 responsibilities in compliance with federal regulation for nonwaived 38 39 testing.

1 (g) Administering eye drops, topical ointments, and vaccines, including combination or multidose vaccines. 2

(h) Urethral catheterization when appropriately trained.

(i) Administering medications:

(i) A medical assistant-registered may only administer 5 medications if the drugs are: 6

(A) Administered only by unit or single dosage, or by a dosage 7 calculated and verified by a health care practitioner. For purposes 8 of this section, a combination or multidose vaccine shall be 9 10 considered a unit dose;

(B) Limited to legend drugs, vaccines, and Schedule III through V 11 12 controlled substances as authorized by a health care practitioner under the scope of his or her license and consistent with rules 13 adopted by the secretary under (i) (ii) of this subsection; and 14

15 (C) Administered pursuant to a written order from a health care 16 practitioner.

17 (ii) A medical assistant-registered may only administer 18 medication for intramuscular injections. A medical assistantregistered may not administer experimental drugs or chemotherapy 19 agents. The secretary may, by rule, further limit the drugs that may 20 21 be administered under this subsection (4)(i). The rules adopted under this subsection must limit the drugs based on risk, class, or route. 22

23 (j) Intramuscular injections. A medical assistant-registered may administer intramuscular injections for diagnostic or therapeutic 24 25 agents under the immediate supervision of a health care practitioner if 26 the medical assistant-registered meets minimum standards 27 established by the secretary in rule.

28 (5) (a) A medical assistant-EMT may perform the following duties delegated by, and under the supervision of, a health care 29 practitioner if the duties are within the scope, training, and 30 endorsements of the medical assistant-EMT's emergency medical 31 technician, advanced emergency medical technician, or paramedic 32 33 certification:

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(i) Fundamental procedures:

(A) Disposing of biohazardous materials; and 35

36 (B) Practicing standard precautions;

37 (ii) Clinical procedures:

(A) Taking vital signs; 38

- 39 (B) Preparing patients for examination;
- 40 (C) Observing and reporting patients' signs or symptoms;

1	(D) Simple eye irrigation;
2	(E) Hemorrhage control with direct pressure or hemostatic gauze;
3	(F) Spinal and extremity motion restriction and immobilization;
4	(G) Oxygen administration;
5	(H) Airway maintenance, stabilization, and suctioning;
6	(I) Cardiopulmonary resuscitation; and
7	(J) Use of automated external defibrillators and semiautomated
8	<u>external defibrillators;</u>
9	(iii) Specimen collection:
10	(A) Capillary puncture and venipuncture; and
11	(B) Instructing patients in proper technique to collect urine and
12	fecal specimens;
13	<u>(iv) Diagnostic testing:</u>
14	(A) Electrocardiography; and
15	(B) Respiratory testing, including nasopharyngeal swabbing for
16	COVID-19;
17	(v) Patient care:
18	(A) Telephone and in-person screening, limited to intake and
19	gathering of information without requiring the exercise of judgment
20	<u>based on clinical knowledge;</u>
21	(B) Obtaining vital signs;
22	(C) Obtaining and recording patient history; and
22 23	
	(C) Obtaining and recording patient history; and
23	(C) Obtaining and recording patient history; and (D) Preparing and maintaining examination and treatment areas;
23 24	(C) Obtaining and recording patient history; and (D) Preparing and maintaining examination and treatment areas; (vi) Administering medications: A medical assistant-EMT may only
23 24 25	(C) Obtaining and recording patient history; and (D) Preparing and maintaining examination and treatment areas; (vi) Administering medications: A medical assistant-EMT may only administer medications if the drugs are:
23 24 25 26	(C) Obtaining and recording patient history; and (D) Preparing and maintaining examination and treatment areas; (vi) Administering medications: A medical assistant-EMT may only administer medications if the drugs are: (A) Administered only by unit or single dosage, or by a dosage
23 24 25 26 27	(C) Obtaining and recording patient history; and (D) Preparing and maintaining examination and treatment areas; (vi) Administering medications: A medical assistant-EMT 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
23 24 25 26 27 28	(C) Obtaining and recording patient history; and (D) Preparing and maintaining examination and treatment areas; (vi) Administering medications: A medical assistant-EMT 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 subsection, a combination or multidose vaccine shall be
23 24 25 26 27 28 29	(C) Obtaining and recording patient history; and (D) Preparing and maintaining examination and treatment areas; (vi) Administering medications: A medical assistant-EMT 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 subsection, a combination or multidose vaccine shall be considered a unit dose;
23 24 25 26 27 28 29 30 31 32	(C) Obtaining and recording patient history; and (D) Preparing and maintaining examination and treatment areas; (vi) Administering medications: A medical assistant-EMT 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 subsection, a combination or multidose vaccine shall be considered a unit dose; (B) Limited to vaccines, opioid antagonists, and oral glucose, as
23 24 25 26 27 28 29 30 31 32 33	<pre>(C) Obtaining and recording patient history; and (D) Preparing and maintaining examination and treatment areas; (vi) Administering medications: A medical assistant-EMT 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 subsection, a combination or multidose vaccine shall be considered a unit dose; (B) Limited to vaccines, opioid antagonists, and oral glucose, as authorized by a health care practitioner under the scope of his or</pre>
23 24 25 26 27 28 29 30 31 32 33 34	(C) Obtaining and recording patient history; and (D) Preparing and maintaining examination and treatment areas; (vi) Administering medications: A medical assistant-EMT 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 subsection, a combination or multidose vaccine shall be considered a unit dose; (B) Limited to vaccines, opioid antagonists, and oral glucose, as authorized by a health care practitioner under the scope of his or her license and consistent with rules adopted by the secretary under (b) of this subsection; and (C) Administered pursuant to a written order from a health care
23 24 25 26 27 28 29 30 31 32 33 34 35	<pre>(C) Obtaining and recording patient history; and (D) Preparing and maintaining examination and treatment areas; (vi) Administering medications: A medical assistant-EMT 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 subsection, a combination or multidose vaccine shall be considered a unit dose; (B) Limited to vaccines, opioid antagonists, and oral glucose, as authorized by a health care practitioner under the scope of his or her license and consistent with rules adopted by the secretary under (b) of this subsection; and (C) Administered pursuant to a written order from a health care practitioner; and</pre>
23 24 25 26 27 28 29 30 31 32 33 34 35 36	<pre>(C) Obtaining and recording patient history; and (D) Preparing and maintaining examination and treatment areas; (vi) Administering medications: A medical assistant-EMT 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 subsection, a combination or multidose vaccine shall be considered a unit dose; (B) Limited to vaccines, opioid antagonists, and oral glucose, as authorized by a health care practitioner under the scope of his or her license and consistent with rules adopted by the secretary under (b) of this subsection; and (C) Administered pursuant to a written order from a health care practitioner; and (vii) Establishing intravenous lines: A medical assistant-EMT may</pre>
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37	<pre>(C) Obtaining and recording patient history; and (D) Preparing and maintaining examination and treatment areas; (vi) Administering medications: A medical assistant-EMT 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 subsection, a combination or multidose vaccine shall be considered a unit dose; (B) Limited to vaccines, opioid antagonists, and oral glucose, as authorized by a health care practitioner under the scope of his or her license and consistent with rules adopted by the secretary under (b) of this subsection; and (C) Administered pursuant to a written order from a health care practitioner; and (vii) Establishing intravenous lines: A medical assistant-EMT may establish intravenous lines for diagnostic or therapeutic purposes,</pre>
23 24 25 26 27 28 29 30 31 32 33 34 35 36	<pre>(C) Obtaining and recording patient history; and (D) Preparing and maintaining examination and treatment areas; (vi) Administering medications: A medical assistant-EMT 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 subsection, a combination or multidose vaccine shall be considered a unit dose; (B) Limited to vaccines, opioid antagonists, and oral glucose, as authorized by a health care practitioner under the scope of his or her license and consistent with rules adopted by the secretary under (b) of this subsection; and (C) Administered pursuant to a written order from a health care practitioner; and (vii) Establishing intravenous lines: A medical assistant-EMT may</pre>

1 (b) The secretary may, by rule, further limit the drugs that may 2 be administered under this subsection. The rules adopted under this 3 subsection must limit the drugs based on risk, class, or route.

4 Sec. 6. RCW 18.120.020 and 2023 c 460 s 14 and 2023 c 175 s 9 5 are each reenacted and amended to read as follows:

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

8 (1) "Applicant group" includes any health professional group or 9 organization, any individual, or any other interested party which 10 proposes that any health professional group not presently regulated 11 be regulated or which proposes to substantially increase the scope of 12 practice of the profession.

(2) "Certificate" and "certification" mean a voluntary process by which a statutory regulatory entity grants recognition to an individual who (a) has met certain prerequisite qualifications specified by that regulatory entity, and (b) may assume or use "certified" in the title or designation to perform prescribed health professional tasks.

(3) "Grandfather clause" means a provision in a regulatory statute applicable to practitioners actively engaged in the regulated health profession prior to the effective date of the regulatory statute which exempts the practitioners from meeting the prerequisite qualifications set forth in the regulatory statute to perform prescribed occupational tasks.

(4) "Health professions" means and includes the following health 25 and health-related licensed or regulated professions and occupations: 26 27 Podiatric medicine and surgery under chapter 18.22 RCW; chiropractic under chapter 18.25 RCW; dental hygiene under chapter 18.29 RCW; 28 dentistry under chapter 18.32 RCW; denturism under chapter 18.30 RCW; 29 30 dental anesthesia assistants under chapter 18.350 RCW; dispensing 31 opticians under chapter 18.34 RCW; hearing instruments under chapter 18.35 RCW; naturopaths under chapter 18.36A RCW; embalming and 32 funeral directing under chapter 18.39 RCW; midwifery under chapter 33 18.50 RCW; nursing home administration under chapter 18.52 RCW; 34 optometry under chapters 18.53 and 18.54 RCW; ocularists under 35 chapter 18.55 RCW; osteopathic medicine and surgery under chapter 36 18.57 RCW; pharmacy under chapters 18.64 and 18.64A RCW; medicine 37 38 under chapters 18.71 and 18.71A RCW; emergency medicine under chapter 18.73 RCW; physical therapy under chapter 18.74 RCW; practical nurses 39

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1 under chapter 18.79 RCW; psychologists under chapter 18.83 RCW; registered nurses under chapter 18.79 RCW; occupational therapists 2 licensed under chapter 18.59 RCW; respiratory care practitioners 3 licensed under chapter 18.89 RCW; veterinarians and veterinary 4 technicians under chapter 18.92 RCW; massage therapists under chapter 5 6 18.108 RCW; acupuncturists or acupuncture and Eastern medicine practitioners licensed under chapter 18.06 RCW; persons registered 7 under chapter 18.19 RCW; persons licensed as mental health 8 counselors, marriage and family therapists, and social workers under 9 10 chapter 18.225 RCW; dietitians and nutritionists certified by chapter 18.138 RCW; radiologic technicians under chapter 18.84 RCW; nursing 11 12 assistants registered or certified under chapter 18.88A RCW; reflexologists certified under chapter 18.108 RCW; 13 medical assistants-certified, medical assistants-hemodialysis technician, 14 15 medical assistants-phlebotomist, forensic phlebotomist, medical 16 assistant-EMT, and medical assistants-registered certified and 17 registered under chapter 18.360 RCW; licensed behavior analysts, licensed assistant behavior analysts, and certified behavior 18 technicians under chapter 18.380 RCW; music therapists licensed under 19 chapter 18.233 RCW; and dental therapists licensed under chapter 20 21 18.265 RCW.

(5) "Inspection" means the periodic examination of practitioners by a state agency in order to ascertain whether the practitioners' occupation is being carried out in a fashion consistent with the public health, safety, and welfare.

(6) "Legislative committees of reference" means the standing
legislative committees designated by the respective rules committees
of the senate and house of representatives to consider proposed
legislation to regulate health professions not previously regulated.

30 (7) "License," "licensing," and "licensure" mean permission to 31 engage in a health profession which would otherwise be unlawful in 32 the state in the absence of the permission. A license is granted to 33 those individuals who meet prerequisite qualifications to perform 34 prescribed health professional tasks and for the use of a particular 35 title.

36 (8) "Practitioner" means an individual who (a) has achieved 37 knowledge and skill by practice, and (b) is actively engaged in a 38 specified health profession.

(9) "Professional license" means an individual, nontransferableauthorization to carry on a health activity based on qualifications

1 which include: (a) Graduation from an accredited or approved program, 2 and (b) acceptable performance on a qualifying examination or series 3 of examinations.

4 (10) "Public member" means an individual who is not, and never 5 was, a member of the health profession being regulated or the spouse 6 of a member, or an individual who does not have and never has had a 7 material financial interest in either the rendering of the health 8 professional service being regulated or an activity directly related 9 to the profession being regulated.

10 (11) "Registration" means the formal notification which, prior to 11 rendering services, a practitioner shall submit to a state agency 12 setting forth the name and address of the practitioner; the location, 13 nature and operation of the health activity to be practiced; and, if 14 required by the regulatory entity, a description of the service to be 15 provided.

16 (12) "Regulatory entity" means any board, commission, agency, 17 division, or other unit or subunit of state government which 18 regulates one or more professions, occupations, industries, 19 businesses, or other endeavors in this state.

(13) "State agency" includes every state office, department, board, commission, regulatory entity, and agency of the state, and, where provided by law, programs and activities involving less than the full responsibility of a state agency.

Sec. 7. RCW 18.130.040 and 2023 c 469 s 18, 2023 c 460 s 15, 25 2023 c 425 s 27, 2023 c 270 s 14, 2023 c 175 s 11, and 2023 c 123 s 26 21 are each reenacted and amended to read as follows:

(1) This chapter applies only to the secretary and the boards and commissions having jurisdiction in relation to the professions licensed under the chapters specified in this section. This chapter does not apply to any business or profession not licensed under the chapters specified in this section.

32 (2) (a) The secretary has authority under this chapter in relation33 to the following professions:

34 (i) Dispensing opticians licensed and designated apprentices 35 under chapter 18.34 RCW;

36 (ii) Midwives licensed under chapter 18.50 RCW;

37 (iii) Ocularists licensed under chapter 18.55 RCW;

38 (iv) Massage therapists and businesses licensed under chapter 39 18.108 RCW; 1

(v) Dental hygienists licensed under chapter 18.29 RCW;

2 (vi) Acupuncturists or acupuncture and Eastern medicine
3 practitioners licensed under chapter 18.06 RCW;

4 (vii) Radiologic technologists certified and X-ray technicians 5 registered under chapter 18.84 RCW;

6 (viii) Respiratory care practitioners licensed under chapter 7 18.89 RCW;

8 (ix) Hypnotherapists registered, agency affiliated counselors 9 registered, certified, or licensed, and advisors and counselors 10 certified under chapter 18.19 RCW;

(x) Persons licensed as mental health counselors, mental health counselor associates, marriage and family therapists, marriage and family therapist associates, social workers, social work associates advanced, and social work associates—independent clinical under chapter 18.225 RCW;

16 (xi) Persons registered as nursing pool operators under chapter 17 18.52C RCW;

18 (xii) Nursing assistants registered or certified or medication 19 assistants endorsed under chapter 18.88A RCW;

20 (xiii) Dietitians and nutritionists certified under chapter 21 18.138 RCW;

22 (xiv) Substance use disorder professionals, substance use 23 disorder professional trainees, or co-occurring disorder specialists 24 certified under chapter 18.205 RCW;

25 (xv) Sex offender treatment providers and certified affiliate sex 26 offender treatment providers certified under chapter 18.155 RCW;

27 (xvi) Persons licensed and certified under chapter 18.73 RCW or 28 RCW 18.71.205;

29 (xvii) Orthotists and prosthetists licensed under chapter 18.200
30 RCW;

31 (xviii) Surgical technologists registered under chapter 18.215
32 RCW;

33 (xix) Recreational therapists under chapter 18.230 RCW;

34 (xx) Animal massage therapists certified under chapter 18.240
35 RCW;

36 (xxi) Athletic trainers licensed under chapter 18.250 RCW;

37 (xxii) Home care aides certified under chapter 18.88B RCW;

38 (xxiii) Genetic counselors licensed under chapter 18.290 RCW;

39 (xxiv) Reflexologists certified under chapter 18.108 RCW;

1 Medical assistants-certified, medical assistants-(XXV) hemodialysis technician, medical assistants-phlebotomist, forensic 2 phlebotomist, medical-assistant-EMT, and medical 3 assistantsregistered certified and registered under chapter 18.360 RCW; 4 (xxvi) Behavior analysts, assistant behavior analysts, and 5 6 behavior technicians under chapter 18.380 RCW; (xxvii) Birth doulas certified under chapter 18.47 RCW; 7 (xxviii) Music therapists licensed under chapter 18.233 RCW; 8 (xxix) Behavioral health support specialists certified under 9 chapter 18.227 RCW; and 10 (xxx) Certified peer specialists and certified peer specialist 11 12 trainees under chapter 18.420 RCW. (b) The boards and commissions having authority under this 13 14 chapter are as follows: (i) The podiatric medical board as established in chapter 18.22 15 16 RCW; 17 (ii) The chiropractic quality assurance commission as established 18 in chapter 18.25 RCW; (iii) The dental quality assurance commission as established in 19 chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW, 20 licenses and registrations issued under chapter 18.260 RCW, licenses 21 22 issued under chapter 18.265 RCW, and certifications issued under 23 chapter 18.350 RCW; (iv) The board of hearing and speech as established in chapter 24 25 18.35 RCW; (v) The board of examiners for nursing home administrators as 26 established in chapter 18.52 RCW; 27 28 (vi) The optometry board as established in chapter 18.54 RCW 29 governing licenses issued under chapter 18.53 RCW; (vii) The board of osteopathic medicine and surgery as 30 31 established in chapter 18.57 RCW governing licenses issued under 32 chapter 18.57 RCW; 33 (viii) The pharmacy quality assurance commission as established in chapter 18.64 RCW governing licenses issued under chapters 18.64 34 and 18.64A RCW; 35 (ix) The Washington medical commission as established in chapter 36 18.71 RCW governing licenses and registrations issued under chapters 37 18.71 and 18.71A RCW; 38 39 (x) The board of physical therapy as established in chapter 18.74 40 RCW; p. 16 SSB 5940

(xi) The board of occupational therapy practice as established in
 chapter 18.59 RCW;

3 (xii) The board of nursing as established in chapter 18.79 RCW 4 governing licenses and registrations issued under that chapter and 5 under chapter 18.80 RCW;

6 (xiii) The examining board of psychology and its disciplinary 7 committee as established in chapter 18.83 RCW;

8 (xiv) The veterinary board of governors as established in chapter9 18.92 RCW;

10 (xv) The board of naturopathy established in chapter 18.36A RCW, 11 governing licenses and certifications issued under that chapter; and

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(xvi) The board of denturists established in chapter 18.30 RCW.

13 (3) In addition to the authority to discipline license holders, 14 the disciplining authority has the authority to grant or deny 15 licenses. The disciplining authority may also grant a license subject 16 to conditions.

(4) All disciplining authorities shall adopt procedures to ensure substantially consistent application of this chapter, the uniform disciplinary act, among the disciplining authorities listed in subsection (2) of this section.

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