

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE SENATE BILL 5983

68th Legislature
2024 Regular Session

Passed by the Senate March 4, 2024
Yeas 49 Nays 0

President of the Senate

Passed by the House February 27, 2024
Yeas 95 Nays 0

**Speaker of the House of
Representatives**

Approved

Governor of the State of Washington

CERTIFICATE

I, Sarah Bannister, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE SENATE BILL 5983** as passed by the Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE SENATE BILL 5983

AS AMENDED BY THE HOUSE

Passed Legislature - 2024 Regular Session

State of Washington 68th Legislature 2024 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Liias, Rivers, Dhingra, Nobles, Pedersen, Robinson, and Van De Wege)

READ FIRST TIME 01/24/24.

1 AN ACT Relating to implementing recommendations from the 2022
2 sexually transmitted infection and hepatitis B virus legislative
3 advisory group for the treatment of syphilis; amending RCW 18.360.010
4 and 18.360.050; adding a new section to chapter 70.24 RCW; creating a
5 new section; and declaring an emergency.

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

7 NEW SECTION. **Sec. 1.** (1) The legislature recognizes
8 Washington's syphilis epidemic continues to grow, causing long-term
9 health consequences and deaths that are preventable. Between 2019 and
10 2021, the number of reported syphilis cases in Washington state
11 increased by 49 percent, while the number of cases of primary and
12 secondary syphilis, an early stage infection characterized by a high
13 risk of transmission, increased by 79 percent.

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

1 **Sec. 2.** RCW 18.360.010 and 2023 c 134 s 1 are each amended to
2 read as follows:

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

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

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

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

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

20 (5) "Health care practitioner" means:

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

22 (b) An osteopathic physician and surgeon licensed under chapter
23 18.57 RCW; or

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

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

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

39 (8) "Medical assistant-phlebotomist" means a person certified
40 under RCW 18.360.040 who performs capillary, venous, and arterial

1 invasive procedures for blood withdrawal and other functions pursuant
2 to RCW 18.360.050 under the supervision of a health care
3 practitioner.

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

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

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

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

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

23 (ii) When administering intramuscular injections for the purposes
24 of treating a known or suspected syphilis infection in accordance
25 with RCW 18.360.050, a medical assistant-certified or medical
26 assistant-registered may be supervised through interactive audio or
27 video telemedicine technology.

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

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

33 (a) Fundamental procedures:

34 (i) Wrapping items for autoclaving;

35 (ii) Procedures for sterilizing equipment and instruments;

36 (iii) Disposing of biohazardous materials; and

37 (iv) Practicing standard precautions.

38 (b) Clinical procedures:

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

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

5 (iii) Taking vital signs;

6 (iv) Preparing patients for examination;

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

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

10 (c) Specimen collection:

11 (i) Capillary puncture and venipuncture;

12 (ii) Obtaining specimens for microbiological testing; and

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

15 (d) Diagnostic testing:

16 (i) Electrocardiography;

17 (ii) Respiratory testing; and

18 (iii)(A) Tests waived under the federal clinical laboratory
19 improvement amendments program on July 1, 2013. The department shall
20 periodically update the tests authorized under this subsection (1)(d)
21 based on changes made by the federal clinical laboratory improvement
22 amendments program; and

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

26 (e) Patient care:

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

30 (ii) Obtaining vital signs;

31 (iii) Obtaining and recording patient history;

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

33 (v) Preparing patients for, and assisting with, routine and
34 specialty examinations, procedures, treatments, and minor office
35 surgeries;

36 (vi) Maintaining medication and immunization records; and

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

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

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

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

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

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

16 (iii) A medical assistant-certified may administer intramuscular
17 injections for the purposes of treating known or suspected syphilis
18 infection without immediate supervision if a health care practitioner
19 is providing supervision through interactive audio or video
20 telemedicine technology in accordance with RCW 18.360.010(11)(c)(ii).

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

31 (h) Urethral catheterization when appropriately trained.

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

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

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

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

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

13 (d) Electrocardiograms.

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

17 (a) Fundamental procedures:

18 (i) Wrapping items for autoclaving;

19 (ii) Procedures for sterilizing equipment and instruments;

20 (iii) Disposing of biohazardous materials; and

21 (iv) Practicing standard precautions.

22 (b) Clinical procedures:

23 (i) Preparing for sterile procedures;

24 (ii) Taking vital signs;

25 (iii) Preparing patients for examination; and

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

27 (c) Specimen collection:

28 (i) Obtaining specimens for microbiological testing; and

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

31 (d) Patient care:

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

35 (ii) Obtaining vital signs;

36 (iii) Obtaining and recording patient history;

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

38 (v) Preparing patients for, and assisting with, routine and
39 specialty examinations, procedures, treatments, and minor office
40 surgeries, including those with minimal sedation. The department may,

1 by rule, prohibit duties authorized under this subsection (4)(d)(v)
2 if performance of those duties by a medical assistant-registered
3 would pose an unreasonable risk to patient safety;

4 (vi) Maintaining medication and immunization records; and

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

7 (e) Diagnostic testing and electrocardiography.

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

19 (h) Urethral catheterization when appropriately trained.

20 (i) Administering medications:

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

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

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

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

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

39 (j)(i) Intramuscular injections. A medical assistant-registered
40 may administer intramuscular injections for diagnostic or therapeutic

1 agents under the immediate supervision of a health care practitioner
2 if the medical assistant-registered meets minimum standards
3 established by the secretary in rule.

4 (ii) A medical assistant-registered may administer intramuscular
5 injections for the purposes of treating known or suspected syphilis
6 infection without immediate supervision if a health care practitioner
7 is providing supervision through interactive audio or video
8 telemedicine technology in accordance with RCW 18.360.010(11)(c)(ii).

9 NEW SECTION. **Sec. 4.** A new section is added to chapter 70.24
10 RCW to read as follows:

11 (1) Notwithstanding any other law, a health care provider who
12 diagnoses a case of sexually transmitted chlamydia, gonorrhea,
13 trichomoniasis, or other sexually transmitted infection, as
14 determined by the department or recommended in the most recent
15 federal centers for disease control and prevention guidelines for the
16 prevention or treatment of sexually transmitted diseases, in an
17 individual patient may prescribe, dispense, furnish, or otherwise
18 provide prescription antibiotic drugs to the individual patient's
19 sexual partner or partners without examination of that patient's
20 partner or partners or having an established provider and patient
21 relationship with the partner or partners. This practice shall be
22 known as expedited partner therapy.

23 (2) A health care provider may provide expedited partner therapy
24 as outlined in subsection (1) of this section if all the following
25 requirements are met:

26 (a) The patient has a confirmed laboratory test result, or direct
27 observation of clinical signs or assessment of clinical data by a
28 health care provider confirming the person has, or is likely to have,
29 a sexually transmitted infection;

30 (b) The patient indicates that the individual has a partner or
31 partners with whom the patient has engaged in sexual activity within
32 the 60-day period immediately before the diagnosis of a sexually
33 transmitted infection; and

34 (c) The patient indicates that the partner or partners of the
35 individual are unable or unlikely to seek clinical services in a
36 timely manner.

37 (3) A prescribing health care provider may prescribe, dispense,
38 furnish, or otherwise provide medication to the diagnosed patient as
39 outlined in subsection (1) of this section for the patient to deliver

1 to the exposed sexual partner or partners of the patient in order to
2 prevent reinfection in the diagnosed patient.

3 (4) If a health care provider does not have the name of a
4 patient's sexual partner for a drug prescribed under subsection (1)
5 of this section, the prescription shall include the words "expedited
6 partner therapy" or "EPT."

7 (5) A health care provider shall not be liable in a medical
8 malpractice action or professional disciplinary action if the health
9 care provider's use of expedited partner therapy is in compliance
10 with this section, except in cases of intentional misconduct, gross
11 negligence, or wanton or reckless activity.

12 (6) The department may adopt rules necessary to implement this
13 section.

14 (7) For the purpose of this section, "health care provider" means
15 a physician under chapter 18.71 RCW, an osteopathic physician or an
16 osteopathic physician and surgeon under chapter 18.57 RCW, or a
17 registered nurse, advanced registered nurse practitioner, or licensed
18 practical nurse under chapter 18.79 RCW.

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

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