

HOUSE BILL REPORT

HB 1784

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to certified medical assistants.

Brief Description: Concerning certified medical assistants.

Sponsors: Representatives Marshall, Simmons, Parshley and Schmidt.

Brief History:

Committee Activity:

Health Care & Wellness: 2/11/25, 2/18/25 [DPS].

Brief Summary of Substitute Bill

- Allows a certified medical assistant to enter an order for health care services into an entry-order system and activate the order if certain requirements are met.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 19 members: Representatives Bronoske, Chair; Lekanoff, Vice Chair; Rule, Vice Chair; Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Marshall, Assistant Ranking Minority Member; Davis, Engell, Low, Macri, Manjarrez, Obras, Parshley, Shavers, Simmons, Stonier, Stuebe, Thai and Tharinger.

Staff: Emily Poole (786-7106).

Background:

The Department of Health (DOH) provides credentials to several different types of medical assistants (MAs), including certified MAs.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Certification.

A person meets the qualifications for certification as a certified MA if the person completes an MA training program, passes an examination, and meets any additional qualifications established by the DOH in rule.

Authorized Duties and Supervision.

A certified MA may perform authorized duties only when delegated by, and under the supervision of, a health care practitioner. The supervising health care practitioner must generally be physically present and immediately available in the facility. However, the level of required supervision varies for specific tasks.

A certified MA's authorized duties include:

- fundamental procedures, including sterilizing equipment and instruments;
- clinical procedures, including taking vital signs, preparing patients for examination, capillary blood withdrawal, and intramuscular injections;
- specimen collection, including capillary puncture and venipuncture;
- diagnostic testing, including electrocardiography, respiratory testing, and certain other permitted tests;
- patient care, including obtaining patient history, preparing examination areas, and assisting with routine and specialty examinations, procedures, and minor office surgeries;
- administering certain medications;
- administering intravenous injections under direct visual supervision if certain requirements are met; and
- urethral catheterization when appropriately trained.

Before delegating any of the above duties to a certified MA, a health care practitioner is required to consider certain factors, including whether the task is within the practitioner's scope of practice, the appropriate level of supervision, and that the person to whom the task will be delegated is competent to perform the task. The health care practitioner must also determine if the task is one that should be appropriately delegated when considering the following factors:

- if the task can be performed without requiring the exercise of judgment based on clinical knowledge;
- if the results of the task are reasonably predictable;
- if the task can be performed without a need for complex observations or critical decisions;
- if the task can be performed without repeated clinical assessments; and
- if the task, if performed improperly, would present life-threatening consequences or the danger of immediate and serious harm to the patient.

Summary of Substitute Bill:

A certified MA may enter an order for health care services into an entry-order system and approve such order if:

- there is a standing written protocol that authorizes designated certified MAs to enter and activate an order for certain health care services;
- the standing written protocol details the clinical criteria that would initiate an order and is revised annually, at a minimum;
- the certified MA has completed training regarding entry-order systems, which must take place annually;
- the delegated order is in compliance with requirements regarding delegation; and
- the order is not a prescription for a controlled substance. If the order is for a prescription for a controlled substance, the certified MA may enter, but not activate, the order.

A certified MA may enter an order for health care services into an entry-order system and activate the order if the standing written protocol authorizes the MA to enter and activate orders for the following:

- routine adult immunizations that do not require clinical judgment;
- routine screening tests;
- routine labs for chronic disease monitoring;
- routine diagnostic imaging tests;
- therapeutic procedures;
- procedure and surgical treatment orders, including minor in-office procedures;
- point of care tests and tests waived under the federal Clinical Laboratory Improvement Amendments Program;
- routine medication refills that have no changes in dosage or frequency;
- referrals;
- perioperative order sets including referrals, labs, new medications, durable medical equipment, and radiologic exams; and
- supportive devices and therapeutic applications.

The employer of a certified MA must maintain records regarding participation in annual training. Upon DOH request, an employer of a certified MA must provide documentation to the DOH demonstrating compliance with the training and countersignature requirements.

The entry and approval of orders by a certified MA in accordance with applicable requirements is not considered a task that requires the exercise of judgment based on clinical experience.

"Activate" is defined to mean sending an order for health care services to the appropriate recipient in such a manner that the order may be acted upon immediately by the recipient.

Substitute Bill Compared to Original Bill:

The substitute bill:

- specifies that a certified MA may enter and "activate" orders, instead of "approve" orders, if certain conditions are met;
- modifies the conditions that must be met in order for a certified MA to enter and activate an order for health care services by requiring that instead of relying on explicit instructions from a supervising health care practitioner, there must be a standing written protocol that authorizes designated certified MAs to enter and activate an order for certain health care services;
- requires standing written protocols to detail the clinical criteria that would initiate an order and to be reviewed and revised annually, or more frequently;
- establishes certain types of orders that may be included in a standing written protocol;
- removes the requirement that an order must be reviewed by a supervising health care practitioner during the same business day and countersigned within 72 hours; and
- establishes a definition of "activate."

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Administrative work places a heavy burden on health care providers. There is a shortage of health care providers. Doctors have to put in orders themselves instead of being able to rely on MAs, and this results in inefficiencies and less time with patients. This bill emphasizes an efficient, team-based approach to health care, where providers can spend more time with their patients. Doctors take a lot of time to train their teams, and MAs are a very valuable part of those teams. This bill expands the scope of practice for certified MAs, while staying within their existing abilities. Certified MAs can already enter provider-authorized orders, but the statutes are not clear. Supervising health care providers would still be responsible for MAs and play a part in the process. The bill requires controlled substances to be handled differently. Verbal orders are already a part of health care. This bill aligns Washington's policies with best practices.

(Opposed) The MA statute was carefully negotiated when it was originally written. There are concerns about administrative burdens on providers, but this is a broad bill that applies to all settings and any type of order. The bill does not mention protocols or standing orders. In hospital settings, they are moving away from verbal instructions to reduce hospital errors. The word "approve" is problematic, because it implies clinical judgment.

(Other) The original MA statute was created over a decade ago, and it was carefully crafted to ensure that the scope of practice was accurate. This bill would have an impact on health

care and safety. The scope of orders is too broad. The bill should be narrowed down. Standing orders should be the protocol instead. Leaving any room for interpretation of orders could result in patient harm.

Persons Testifying: (In support) Representative Matt Marshall, prime sponsor; Benjamin Shah, Olympia Orthopaedic Associates; Gregory Byrd, Olympia Orthopaedic Associates; Mackenzie Brewer, Olympia Orthopaedic Associates; Darrin Trask, MD; and Jennifer Lewis, Olympia Orthopaedic Associates.

(Opposed) Lisa Thatcher, Washington State Hospital Association.

(Other) Jessica Hauffe, Washington State Nurses Association.

Persons Signed In To Testify But Not Testifying: None.