

**Chapter 18.360 RCW  
MEDICAL ASSISTANTS**

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**RCW 18.360.005 Findings—Intent.** The legislature finds that medical assistants are health professionals specifically trained to work in settings such as physicians' offices, clinics, group practices, and other health care facilities. These multiskilled personnel are trained to perform administrative and clinical procedures under the supervision of health care providers. Physicians value this unique versatility more and more because of the skills of medical assistants and their ability to contain costs and manage human resources efficiently. The demand for medical assistants is expanding rapidly. The efficient and effective delivery of health care in Washington will be improved by recognizing the valuable contributions of medical assistants, and providing statutory support for medical assistants in Washington state. The legislature intends that individuals performing specialized functions be trained and supervised in a manner that will not pose an undue risk to patient safety. The legislature further finds that rural and small medical practices and clinics may have limited access to formally trained medical assistants. The legislature further intends that the secretary of health develop recommendations for a career ladder that includes medical assistants. [2013 c 128 s 1; 2012 c 153 s 1.]

**Implementation—2013 c 128:** "The department of health may delay the implementation of the medical assistant-registered credential to the extent necessary to comply with this act." [2013 c 128 s 6.]

**Effective date—2013 c 128:** "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect July 1, 2013." [2013 c 128 s 7.]

**Effective date—2012 c 153 ss 1-12, 14, 16, and 18:** "Sections 1 through 12, 14, 16, and 18 of this act take effect July 1, 2013." [2012 c 153 s 22.]

**Rules—2012 c 153:** "The secretary of health shall adopt any rules necessary to implement this act." [2012 c 153 s 21.]

**RCW 18.360.010 Definitions.** The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

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

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

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

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

(5) "Health care practitioner" means:

(a) A physician licensed under chapter 18.71 RCW;

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

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

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

(7) "Medical assistant-EMT" means a person certified under RCW 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.

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

(9) "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.

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

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

(12)(a) "Supervision" means supervision of procedures permitted pursuant to this chapter by a health care practitioner who is

physically present and is immediately available in the facility, except as provided in (b) and (c) of this subsection.

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

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

(ii) When administering intramuscular injections for the purposes of treating a known or suspected syphilis infection in accordance with RCW 18.360.050, a medical assistant-certified or medical assistant-registered may be supervised through interactive audio or video telemedicine technology. [2024 c 248 s 2; 2024 c 217 s 1; 2023 c 134 s 1; 2021 c 44 s 2; (2021 c 44 s 1 expired July 1, 2022); 2020 c 80 s 26. Prior: 2017 c 336 s 14; 2016 c 124 s 1; 2012 c 153 s 2.]

**Reviser's note:** \*(1) The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

(2) This section was amended by 2024 c 217 s 1 and by 2024 c 248 s 2, each without reference to the other. Both amendments are incorporated in the publication of this section under RCW 1.12.025(2). For rule of construction, see RCW 1.12.025(1).

**Intent—Effective date—2024 c 248:** See notes following RCW 18.360.050.

**Effective date—2023 c 134:** "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately [April 20, 2023]." [2023 c 134 s 4.]

**Effective date—2021 c 44 s 2:** "Section 2 of this act takes effect July 1, 2022." [2021 c 44 s 5.]

**Effective date—2021 c 44 s 1:** "Section 1 of this act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately [April 14, 2021]." [2021 c 44 s 3.]

**Expiration date—2021 c 44 s 1:** "Section 1 of this act expires July 1, 2022." [2021 c 44 s 4.]

**Effective date—2020 c 80 ss 12-59:** See note following RCW 7.68.030.

**Intent—2020 c 80:** See note following RCW 18.71A.010.

**Finding—2017 c 336:** See note following RCW 9.96.060.

**Effective date—2012 c 153 ss 1-12, 14, 16, and 18:** See note following RCW 18.360.005.

**Rules—2012 c 153:** See note following RCW 18.360.005.

**RCW 18.360.020 Certification or registration required.** (1) No person may practice as a medical assistant-certified, medical assistant-hemodialysis technician, medical assistant-phlebotomist, medical assistant-EMT, 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. [2024 c 217 s 2; 2017 c 336 s 15; 2012 c 153 s 3.]

**Finding—2017 c 336:** See note following RCW 9.96.060.

**Effective date—2012 c 153 ss 1-12, 14, 16, and 18:** See note following RCW 18.360.005.

**Rules—2012 c 153:** See note following RCW 18.360.005.

**RCW 18.360.030 Minimum qualifications—Rules.** (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.

(b) The qualifications for a forensic phlebotomist must include training consistent with the occupational safety and health administration guidelines and must include between twenty and thirty hours of work in a clinical setting with the completion of more than one hundred successful venipunctures. The secretary may not require more than 40 hours of classroom training for initial training, which may include online preclass homework.

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

(2) The secretary shall adopt rules that establish the minimum requirements necessary for a health care practitioner, clinic, or group practice to endorse a medical assistant as qualified to perform the duties authorized by this chapter and be able to file an attestation of that endorsement with the department. [2024 c 217 s 3; 2019 c 55 s 8; 2017 c 336 s 16; 2012 c 153 s 4.]

**\*Reviser's note:** Chapter 18.135 RCW was repealed by 2012 c 153 s 20.

**Finding—2017 c 336:** See note following RCW 9.96.060.

**Effective date—2012 c 153 ss 1-12, 14, 16, and 18:** See note following RCW 18.360.005.

**Rules—2012 c 153:** See note following RCW 18.360.005.

**RCW 18.360.040 Certification and registration requirements.**

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

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

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

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

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

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

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

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

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

(b) In order to be endorsed under this subsection (6), a 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

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

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

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

(7) A certification issued under subsections (1) through (3) of this section is transferable between different practice settings. A certification under subsection (4) of this section is transferable only between hospitals licensed under chapter 70.41 RCW. A certification under subsection (5) of this section is transferable between law enforcement agencies. [2024 c 217 s 4; 2023 c 134 s 2; 2017 c 336 s 17; 2013 c 128 s 2; 2012 c 153 s 5.]

**Effective date—2023 c 134:** See note following RCW 18.360.010.

**Finding—2017 c 336:** See note following RCW 9.96.060.

**Implementation—Effective date—2013 c 128:** See notes following RCW 18.360.005.

**Effective date—2012 c 153 ss 1-12, 14, 16, and 18:** See note following RCW 18.360.005.

**Rules—2012 c 153:** See note following RCW 18.360.005.

**RCW 18.360.050 Authorized duties.** (1) A medical assistant-certified may perform the following duties delegated by, and under the supervision of, a health care practitioner:

(a) Fundamental procedures:

(i) Wrapping items for autoclaving;

(ii) Procedures for sterilizing equipment and instruments;

(iii) Disposing of biohazardous materials; and

(iv) Practicing standard precautions.

(b) Clinical procedures:

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

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

(iii) Taking vital signs;

(iv) Preparing patients for examination;

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

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

(c) Specimen collection:

(i) Capillary puncture and venipuncture;

(ii) Obtaining specimens for microbiological testing; and  
(iii) Instructing patients in proper technique to collect urine and fecal specimens.

(d) Diagnostic testing:

(i) Electrocardiography;

(ii) Respiratory testing; and

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

(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;

(ii) Obtaining vital signs;

(iii) Obtaining and recording patient history;

(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;

(vi) Maintaining medication and immunization records; and

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

(f) (i) Administering medications. A medical assistant-certified 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 section, a combination or multidose vaccine shall be considered a unit dose;

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

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

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

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

(g) Intravenous injections. A medical assistant-certified may establish intravenous lines for diagnostic or therapeutic purposes, without administering medications, under the supervision of a health care practitioner, and administer intravenous injections for diagnostic or therapeutic agents under the direct visual supervision of a health care practitioner if the medical assistant-certified meets minimum standards established by the secretary in rule. The minimum

standards must be substantially similar to the qualifications for category D and F health care assistants as they exist on July 1, 2013.

(h) Urethral catheterization when appropriately trained.

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

(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;

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

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

(d) Electrocardiograms.

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

(a) Fundamental procedures:

(i) Wrapping items for autoclaving;

(ii) Procedures for sterilizing equipment and instruments;

(iii) Disposing of biohazardous materials; and

(iv) Practicing standard precautions.

(b) Clinical procedures:

(i) Preparing for sterile procedures;

(ii) Taking vital signs;

(iii) Preparing patients for examination; and

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

(c) Specimen collection:

(i) Obtaining specimens for microbiological testing; and

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

(d) 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;

(ii) Obtaining vital signs;

(iii) Obtaining and recording patient history;

(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, including those with minimal sedation. The department may, by rule, prohibit duties authorized under this subsection (4)(d)(v) if performance of those duties by a medical assistant-registered would pose an unreasonable risk to patient safety;

(vi) Maintaining medication and immunization records; and

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

(e) Diagnostic testing and electrocardiography.



(f)(i) Tests waived under the federal clinical laboratory improvement amendments program on July 1, 2013. The department shall periodically update the tests authorized under subsection (1)(d) of this section based on changes made by the federal clinical laboratory improvement amendments program.

(ii) Moderate complexity tests if the medical assistant-registered meets standards for personnel qualifications and responsibilities in compliance with federal regulation for nonwaived testing.

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

(h) Urethral catheterization when appropriately trained.

(i) Administering medications:

(i) A medical assistant-registered 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 section, a combination or multidose vaccine shall be considered a unit dose;

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

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

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

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

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

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

(i) Fundamental procedures:

(A) Disposing of biohazardous materials; and

(B) Practicing standard precautions;

(ii) Clinical procedures:

(A) Taking vital signs;

(B) Preparing patients for examination;

(C) Observing and reporting patients' signs or symptoms;

(D) Simple eye irrigation;

(E) Hemorrhage control with direct pressure or hemostatic gauze;

(F) Spinal and extremity motion restriction and immobilization;

(G) Oxygen administration;

(H) Airway maintenance, stabilization, and suctioning;  
(I) Cardiopulmonary resuscitation; and  
(J) Use of automated external defibrillators and semiautomated external defibrillators;  
(iii) Specimen collection:  
(A) Capillary puncture and venipuncture; and  
(B) Instructing patients in proper technique to collect urine and fecal specimens;  
(iv) Diagnostic testing:  
(A) Electrocardiography; and  
(B) Respiratory testing, including nasopharyngeal swabbing for COVID-19;  
(v) Patient care:  
(A) Telephone and in-person screening, limited to intake and gathering of information without requiring the exercise of judgment based on clinical knowledge;  
(B) Obtaining vital signs;  
(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, without administering medications, and remove intravenous lines under the supervision of a health care practitioner.  
(b) The secretary may, by rule, further limit the drugs that may be administered under this subsection. The rules adopted under this subsection must limit the drugs based on risk, class, or route. [2024 c 248 s 3; 2024 c 217 s 5; 2023 c 134 s 3; 2014 c 138 s 1; 2013 c 128 s 3; 2012 c 153 s 6.]

**Reviser's note:** \*(1) RCW 18.360.010 was amended by 2024 c 217 s 1, changing subsection (11) to subsection (12).

(2) This section was amended by 2024 c 217 s 5 and by 2024 c 248 s 3, each without reference to the other. Both amendments are incorporated in the publication of this section under RCW 1.12.025(2). For rule of construction, see RCW 1.12.025(1).

**Intent—2024 c 248:** "(1) The legislature recognizes Washington's syphilis epidemic continues to grow, causing long-term health consequences and deaths that are preventable. Between 2019 and 2021, the number of reported syphilis cases in Washington state increased by 49 percent, while the number of cases of primary and secondary syphilis, an early stage infection characterized by a high risk of transmission, increased by 79 percent.

(2) In 2021, the legislature funded the sexually transmitted infection and hepatitis B virus legislative advisory group which

produced policy recommendations in 2022 that included allowing medical assistants with telehealth access to a supervising clinician to provide intramuscular injections for syphilis treatment. It is the intent of the legislature to increase access to syphilis treatment to populations with high rates of syphilis and who are at the most risk of serious health outcomes due to syphilis infection." [2024 c 248 s 1.]

**Effective date—2024 c 248:** "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately [March 25, 2024]." [2024 c 248 s 5.]

**Effective date—2023 c 134:** See note following RCW 18.360.010.

**Implementation—Effective date—2013 c 128:** See notes following RCW 18.360.005.

**Effective date—2012 c 153 ss 1-12, 14, 16, and 18:** See note following RCW 18.360.005.

**Rules—2012 c 153:** See note following RCW 18.360.005.

**RCW 18.360.060 Delegation—Health care practitioner duties.** (1) Prior to delegation of any of the functions in RCW 18.360.050, a health care practitioner shall determine to the best of his or her ability each of the following:

- (a) That the task is within that health care practitioner's scope of licensure or authority;
- (b) That the task is indicated for the patient;
- (c) The appropriate level of supervision;
- (d) That no law prohibits the delegation;
- (e) That the person to whom the task will be delegated is competent to perform that task; and
- (f) That the task itself is one that should be appropriately delegated when considering the following factors:
  - (i) That the task can be performed without requiring the exercise of judgment based on clinical knowledge;
  - (ii) That results of the task are reasonably predictable;
  - (iii) That the task can be performed without a need for complex observations or critical decisions;
  - (iv) That the task can be performed without repeated clinical assessments; and
  - (v) (A) For a medical assistant other than a medical assistant-hemodialysis technician, that the task, if performed improperly, would not present life-threatening consequences or the danger of immediate and serious harm to the patient; and
  - (B) For a medical assistant-hemodialysis technician, that the task, if performed improperly, is not likely to present life-threatening consequences or the danger of immediate and serious harm to the patient.

(2) Nothing in this section prohibits the use of protocols that do not involve clinical judgment and do not involve the administration of medications, other than vaccines. [2013 c 128 s 4; 2012 c 153 s 7.]

**Implementation—Effective date—2013 c 128:** See notes following RCW 18.360.005.

**Effective date—2012 c 153 ss 1-12, 14, 16, and 18:** See note following RCW 18.360.005.

**Rules—2012 c 153:** See note following RCW 18.360.005.

**RCW 18.360.070 Authority of secretary.** (1) In addition to any other authority provided by law, the secretary may:

- (a) Adopt rules, in accordance with chapter 34.05 RCW, necessary to implement this chapter;
- (b) Establish forms and procedures necessary to administer this chapter;
- (c) Establish administrative procedures, administrative requirements, and fees in accordance with RCW 43.70.250 and 43.70.280. Until July 1, 2016, for purposes of setting fees under this section, the secretary shall consider persons registered or certified under this chapter and health care assistants, certified under \*chapter 18.135 RCW, as one profession;
- (d) Hire clerical, administrative, and investigative staff as needed to implement and administer this chapter;
- (e) Maintain the official department of health record of all applicants and credential holders; and
- (f) Establish requirements and procedures for an inactive registration or certification.

(2) The uniform disciplinary act, chapter 18.130 RCW, governs unlicensed practice, the issuance and denial of a registration or certification, and the discipline of persons registered or certified under this chapter. [2012 c 153 s 8.]

**\*Reviser's note:** Chapter 18.135 RCW was repealed by 2012 c 153 s 20.

**Effective date—2012 c 153 ss 1-12, 14, 16, and 18:** See note following RCW 18.360.005.

**Rules—2012 c 153:** See note following RCW 18.360.005.

**RCW 18.360.080 Certifications existing before July 1, 2013.** (1) The department may not issue new certifications for category C, D, E, or F health care assistants on or after July 1, 2013. The department shall certify a category C, D, E, or F health care assistant whose certification is in good standing and who was certified prior to July 1, 2013, as a medical assistant-certified when he or she renews his or her certification.

(2) The department may not issue new certifications for category G health care assistants on or after July 1, 2013. The department shall certify a category G health care assistant whose certification is in good standing and who was certified prior to July 1, 2013, as a medical assistant-hemodialysis technician when he or she renews his or her certification.

(3) The department may not issue new certifications for category A or B health care assistants on or after July 1, 2013. The department shall certify a category A or B health care assistant whose

certification is in good standing and who was certified prior to July 1, 2013, as a medical assistant-phlebotomist when he or she renews his or her certification. [2013 c 128 s 5; 2012 c 153 s 9.]

**Implementation—Effective date—2013 c 128:** See notes following RCW 18.360.005.

**Effective date—2012 c 153 ss 1-12, 14, 16, and 18:** See note following RCW 18.360.005.

**Rules—2012 c 153:** See note following RCW 18.360.005.

**RCW 18.360.090 Exemptions.** Nothing in this chapter prohibits or affects:

(1) A person licensed under this title performing services within his or her scope of practice;

(2) A person performing functions in the discharge of official duties on behalf of the United States government including, but not limited to, the armed forces, coast guard, public health service, veterans' bureau, or bureau of Indian affairs;

(3) A person trained by a federally approved end-stage renal disease facility who performs end-stage renal dialysis in the home setting;

(4) A person registered or certified under this chapter from performing blood-drawing procedures in the residences of research study participants when the procedures have been authorized by the institutional review board of a comprehensive cancer center or nonprofit degree-granting institution of higher education and are conducted under the general supervision of a physician; or

(5) A person participating in an externship as part of an approved medical assistant training program under the direct supervision of an on-site health care provider. [2012 c 153 s 10.]

**Effective date—2012 c 153 ss 1-12, 14, 16, and 18:** See note following RCW 18.360.005.

**Rules—2012 c 153:** See note following RCW 18.360.005.

**RCW 18.360.100 Career path plan—Report.** Within existing resources, the secretary shall develop recommendations regarding a career path plan for medical assistants. The secretary shall consult with stakeholders, including, but not limited to, health care practitioner professional organizations, organizations representing health care workers, community colleges, career colleges, and technical colleges. The recommendations must include methods for including credit for prior learning. The purpose of the plan is to evaluate and map career paths for medical assistants and entry-level health care workers to transition by means of a career ladder into medical assistants or other health care professions. The recommendations must identify barriers to career advancement and career ladder training initiatives. The department shall report its recommendations to the legislature no later than December 15, 2012. [2012 c 153 s 11.]

**Effective date—2012 c 153 ss 1-12, 14, 16, and 18:** See note following RCW 18.360.005.

**Rules—2012 c 153:** See note following RCW 18.360.005.

**RCW 18.360.110 Military training or experience.** An applicant with military training or experience satisfies the training or experience requirements of this chapter unless the secretary determines that the military training or experience is not substantially equivalent to the standards of this state. [2012 c 153 s 12.]

**Effective date—2012 c 153 ss 1-12, 14, 16, and 18:** See note following RCW 18.360.005.

**Rules—2012 c 153:** See note following RCW 18.360.005.