WSR 26-18-070
PROPOSED RULES
DEPARTMENT OF HEALTH
[Filed September 1, 2026, 7:47 a.m.]

Original Notice.

Preproposal statement of inquiry was filed as WSR 26-09-062.

Title of Rule and Other Identifying Information: Medical assistant (MA) credentialing requirements. The department of health (department) is proposing rule amendments under chapter 246-827 WAC to update MA credentialing requirements and ensure the rules are current and align with best practices.

Hearing Location(s): On October 6, 2026, at 10:00 a.m. Register in advance for this webinar at https://us02web.zoom.us/webinar/register/WN_QST01k62RZuiMWt8Bu_KtQ. After registering, you will receive a confirmation email containing information about joining the webinar. Individuals may attend virtually or submit comments in writing.

Date of Intended Adoption: October 13, 2026.

Submit Written Comments to: Becky Cornwall, P.O. Box 47852, Olympia, WA 98504-7852, fax 360-236-2850, web https://fortress.wa.gov/doh/policyreview, beginning the date and time of this filing, by October 6, 2026, at 11:59 p.m.

Assistance for Persons with Disabilities: Contact Becky Cornwall, phone 360-236-4766, fax 360-236-2901, TTY 711, email medical.assistants@doh.wa.gov, by September 22, 2026.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: Under the authority of RCW 43.09.310, the state auditor's office (SAO) conducted an audit on department operations between July 2023 and June 2024. As part of this audit, SAO reviewed multiple areas of the department, including the MA license requirements. SAO published its findings in August 2025 under report No. 1037858, which found that the MA application requirements in rule may not be aligned with current application documentation procedures and standards.

In response, the department is proposing amendments to the MA application requirements under WAC 246-827-0220, 246-827-0300, 246-827-0410, 246-827-0510, and 246-827-0530. The proposed amendments update the application requirements to include "an attestation" rather than "proof of" high school education or equivalent. Amendments to these requirements could reduce administrative barriers for applicants completing application packets and entering the workforce.

The department is also proposing technical amendments to chapter 246-827 WAC to align with the recent implementation of the MA-emergency medical technician (EMT) profession established under SHB 5940 (chapter 217, Laws of 2024), codified in chapter 18.360 RCW.

Additionally, the department is proposing technical amendments to sections related to the MA-hemodialysis technician credential. The purpose of these technical amendments is to ensure consistency and clarity throughout the MA-hemodialysis technician application requirement sections. The proposed amendments to these sections clarify the rules without changing the effect.

The purpose of these technical amendments is to ensure that the rules are current, align with best practices, are consistent and accurate throughout the chapter, and align with department standards. The department is proposing technical amendments to WAC 246-827-0010, 246-827-0110, 246-827-0220, 246-827-0300, 246-827-0410, 246-827-0430,

246-827-0500, 246-827-0510, 246-827-0530, 246-827-0610, 246-827-0620, and 246-827-0630.

Reasons Supporting Proposal: RCW 18.360.070 authorizes the secretary to adopt rules to implement this chapter. The proposed rules update credential requirements and ensure that the current rules align with best practices.

Statutory Authority for Adoption: RCW 18.360.030, 18.360.070, and SHB 5940 (chapter 217, Laws of 2024), codified in chapter 18.360 RCW.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Department of health, governmental.

Name of Agency Personnel Responsible for Drafting: Becky Cornwall, 111 Israel Road S.E., Tumwater, WA 98501, 360-236-4766; Implementation and Enforcement: James Chaney, 111 Israel Road S.E., Tumwater, WA 98501, 360-236-2831.

A school district fiscal impact statement is not required under RCW 28A.305.135.

A cost-benefit analysis is not required under RCW 34.05.328. The portions of the proposed rule that modify current application requirements to allow attestations to be accepted for an application for an MA credential are exempt from a significant analysis under RCW 34.05.328 (5)(c)(i)(B), a procedural rule that amends "any filing or related process requirement for making an application to an agency for a license or permit."

The portions of the proposed rule that consist of housekeeping changes or technical amendments that add references to the MA-EMT credential to ensure consistency throughout the chapter and align with the recent implementation of SHB 5940 are also exempt from a significant analysis under RCW 34.05.328 (5)(b)(iv), rules that clarify language of a rule without changing its effect. Additionally, the proposed amendments that rearrange several of the MA-hemodialysis technician sections to ensure consistency and clarity throughout the chapter by aligning requirements between WAC 246-827-0500 and 246-857-0510 also clarify the rules without changing the effect and are exempt under RCW 34.05.328 (5)(b)(iv).

This rule proposal, or portions of the proposal, is exempt from requirements of the Regulatory Fairness Act because the proposal:

Is exempt under RCW 19.85.025(4).

Explanation of exemptions: Although many licensees practice within small businesses, the proposed rules clarify terms and application procedures and do not impose requirements on business operations, staffing, equipment, or reporting.

Scope of exemption for rule proposal:

Is fully exempt.

August 27, 2026
Todd Mountin, PMP
Deputy Chief of Policy
for Dennis E. Worsham
Secretary of Health

RDS-7228.2

AMENDATORY SECTION (Amending WSR 25-05-085, filed 2/18/25, effective 3/21/25)

WAC 246-827-0010 Definitions. The following definitions apply throughout this chapter unless the context clearly indicates otherwise:

(1) **"Controlled substance"** has the same meaning as RCW 69.50.101.

(2) **"Direct visual supervision"** means the supervising health care practitioner is physically present and within visual range of the medical assistant.

(3) **"Forensic blood draw"** means a blood sample drawn at the direction of a law enforcement officer for the purpose of determining its alcoholic or drug content by a person holding one of the credentials listed in RCW 46.61.506, including a medical assistant-certified, medical assistant-phlebotomist, ((~~or~~)) forensic phlebotomist, or medical assistant-EMT.

(4) **"Health care practitioner"** means a physician licensed under chapter 18.71 RCW; an osteopathic physician and surgeon licensed under chapter 18.57 RCW; or 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.

(5) **"Hemodialysis"** is a procedure for removing metabolic waste products or toxic substances from the human body by dialysis.

(6) **"Immediate supervision"** means the supervising health care practitioner is on the premises and available for immediate response as needed.

(7) **"Immediately available"** means the supervising health care practitioner is available to arrive on the premises in a reasonable amount of time or for an immediate audio or video telephone consultation.

(8) **"Legend drug"** means any drug which is required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by health care practitioners only.

(9) **"Medical assistant"** without further qualification means a person credentialed under chapter 18.360 RCW as a:

(a) Medical assistant-certified;

(b) Medical assistant-registered;

(c) Medical assistant-hemodialysis technician; ((~~and~~))

(d) Medical assistant-phlebotomist; and

(e) Medical assistant-EMT.

(10) **"Medical assistant-hemodialysis technician"** means a patient care dialysis technician trained in compliance with federal requirements for end stage renal dialysis facilities.

(11) **"Medication"** means a legend drug, over-the-counter drug, vaccine, or Schedule III through V controlled substance.

(12) **"Secretary"** means the secretary of the department of health or the secretary's designee.

(13) **"Telemedicine supervision"** means the delivery of direct patient care under supervision by a health care practitioner provided through the use of interactive audio and video technology, permitting real-time communication between a medical assistant at the originating site and a health care practitioner off premises. "Telemedicine" does not include the use of audio-only telephone, facsimile, or electronic mail.

"Telemedicine supervision" also includes supervision of a medical assistant-certified or medical assistant registered through interactive audio or visual telemedicine technology when administering intramuscular injections for the purpose of treating a known or suspected syphilis infection in accordance with RCW 18.360.050.

AMENDATORY SECTION (Amending WSR 23-16-004, filed 7/19/23, effective 8/19/23)

WAC 246-827-0110 Delegation and supervision. (1) The medical assistant functions in a dependent role when providing direct patient care under the delegation and supervision of a health care practitioner.

(2) "Delegation" means direct authorization granted by a health care practitioner to a medical assistant to perform the functions authorized in RCW 18.360.050 which fall within the scope of practice of the health care practitioner and the training and experience of the medical assistant.

(3) A medical assistant may only accept delegated tasks when:

(a) The health care practitioner follows the requirements of RCW 18.360.060;

(b) The task can be performed without requiring the exercise of judgment based on clinical knowledge;

(c) The results of the task are reasonably predictable;

(d) The task can be performed without a need for complex observations or critical decisions;

(e) The task can be performed without repeated clinical assessments; and

(f) The task, if performed improperly by:

(i) A medical assistant-certified, medical assistant-registered, ((~~or a~~)) medical assistant-phlebotomist, or a medical assistant-EMT would not present life-threatening consequences or the danger of immediate and serious harm to the patient.

(ii) A medical assistant-hemodialysis technician is not likely to present life-threatening consequences or the danger of immediate and serious harm to the patient.

(4) A medical assistant may not accept delegation of acts that are not within their scope of practice.

(5) A medical assistant is responsible and accountable for their practice based upon and limited to:

(a) Scope of their education or training;

(b) Scope of practice set forth in law and applicable sections of this chapter;

(c) Demonstration of competency to the delegating health care practitioner;

(d) Written documentation of competency as required by this rule and the health care employer's policies and procedures. The documentation will be maintained by the health care employer.

AMENDATORY SECTION (Amending WSR 21-02-002, filed 12/23/20, effective 1/23/21)

WAC 246-827-0220 Medical assistant-certified—Application—Interim certification. (1) Application requirements - Applicants for a medical assistant-certified credential shall submit the following:

(a) Completed application on forms provided by the department;

(b) ((~~Proof~~)) An attestation of completion of high school education or its equivalent;

(c) Proof of successful completion of the required education or approved training program under WAC 246-827-0200(1);

(d) Proof of successful completion of an approved examination under WAC 246-827-0200(2), completed within five years prior to submission of an initial application for this credential;

(e) Any fee required in WAC 246-827-990; and

(f) Fingerprint cards for national fingerprint based background check pursuant to RCW 18.130.064(2), if requested by the department.

(2) An applicant who has met all the requirements in subsection (1) of this section, except passage of the examination, may be issued an interim certification.

(a) A person who has an interim certification possesses the full scope of practice of a medical assistant-certified.

(b) A person who has an interim certification must notify their employer any time they fail any of the examinations listed in WAC 246-827-0200(2).

(c) A person's interim certification expires upon issuance of the medical assistant-certified credential or one year after issuance of the interim certification, whichever occurs first.

(d) A person cannot renew an interim certification.

(e) A person is only eligible for an interim certification upon initial application.

AMENDATORY SECTION (Amending WSR 23-16-004, filed 7/19/23, effective 8/19/23)

WAC 246-827-0300 Medical assistant-registered—Application. ((~~An applicant registering~~)) Applicants for a medical assistant-registered credential shall submit the following:

(1) A completed application on forms provided by the department;

(2)(a) ((~~Proof~~)) An attestation of completion of high school education or its equivalent; or

(b) Proof of enrollment in a health career training or career and technical education program. The training program must comply with all applicable federal and state regulations related to minors in the workforce.

(3) An endorsement signed by a health care practitioner;

(4) Any fee required in WAC 246-827-990; and

(5) Fingerprint cards for national fingerprint based background check pursuant to RCW 18.130.064(2), if requested by the department.

AMENDATORY SECTION (Amending WSR 21-02-002, filed 12/23/20, effective 1/23/21)

WAC 246-827-0410 Medical assistant-phlebotomist—Application. Application requirements - Applicants for a medical assistant-phlebotomist credential shall submit the following:

(1) A completed application on forms provided by the department;

(2) ((~~Proof~~)) An attestation of completion of high school education or its equivalent;

(3) Proof of successful completion of a phlebotomy program through a postsecondary school or college accredited by a regional or national accrediting organization recognized by the U.S. Department of Education or successful completion of a phlebotomy training program as attested by the phlebotomy training program's supervising health care practitioner;

(4) Any fee required in WAC 246-827-990; and

(5) Fingerprint cards for national fingerprint based background check pursuant to RCW 18.130.064(2), if requested by the department.

AMENDATORY SECTION (Amending WSR 17-15-075, filed 7/14/17, effective 8/14/17)

WAC 246-827-0430 Forensic blood draws—Standards of practice. (1) Any medical assistant-certified ((~~or~~)), medical assistant-phlebotomist, or medical assistant-EMT certified under this chapter who performs a forensic blood draw must do so in accordance with the rules governing delegation and supervision in WAC 246-827-0110 ((~~and~~)), 246-827-0420, and 246-827-0540, as well as the standards of practice for a medical assistant in Washington state. Forensic blood draws by medical assistant-certified or medical assistant-phlebotomist are not limited to specific settings and must comply with the standards of practice described in this section.

(2) A medical assistant-phlebotomist ((~~or~~)), medical assistant-certified, or medical assistant-EMT meets the supervision requirements to perform a blood draw at the direction of a law enforcement officer if either:

(a) The medical assistant's supervising health care practitioner delegates the blood draw; or

(b) The blood draw is performed under the supervising health care practitioner's protocol for blood draws as provided in RCW 18.360.060.

(3) As provided in RCW 18.130.410, it is not professional misconduct for a medical assistant-certified ((~~or~~)), medical assistant-phlebotomist, or medical assistant-EMT to collect a blood sample without consent under direction of law enforcement pursuant to a search warrant or under exigent circumstances; however, nothing relieves a medical provider from professional discipline arising from the use of improper procedures or from failing to exercise the required standard of care.

(4) RCW 46.61.508 sets forth the circumstances under which medical assistants-certified ((~~and~~)), medical assistants-phlebotomist, and medical assistants-EMT are immune from civil and criminal liability when conducting a lawful forensic blood draw at the direction of a law enforcement officer. This protection does not extend to civil liabili-

ty arising from the use of improper procedures or failing to exercise the required standard of care.

AMENDATORY SECTION (Amending WSR 13-12-045, filed 5/31/13, effective 7/1/13)

WAC 246-827-0500 Medical assistant-hemodialysis technician—Qualifications and training. ((~~(1)~~)) Applicants for a medical assistant-hemodialysis technician credential must ((~~complete~~)) meet the following requirements:

((~~(a) Proof of a high school diploma or equivalent;~~

~~(b) Basic math skills including the use of fractions and decimal points;~~

~~(c) Either:~~

~~(i)~~)) (1) Completion of high school education or its equivalent;

(2) Basic math skills including the use of fractions and decimal points;

(3) Current cardiopulmonary resuscitation certification;

(4) Hemodialysis training obtained in one of the following ways:

(a) Complete a hemodialysis training program as described in subsection ((~~(2)~~)) (5) of this section; or

((~~(ii)~~)) (b) Have a national credential as a hemodialysis technician which is substantially equivalent to the hemodialysis training program described in subsection ((~~(2)~~)) (5) of this section.

((~~(2)~~)) (5) The hemodialysis training program may be facility based or a state recognized training facility or institution of higher education specific to training hemodialysis technicians that meets the following requirements:

(a) The training program must:

(i) Be approved by the program or facility medical director ((~~and governing body~~));

(ii) Be under the direction of a registered nurse;

(iii) Be focused on the operation of kidney dialysis equipment and machines;

(iv) Include interpersonal skills, including patient sensitivity training ((~~and care of difficult patients~~)); and

(v) Provide supervised clinical experience opportunities for the application of theory and for the achievement of stated objectives in a patient care setting. The training supervisor must be physically accessible to the hemodialysis technician when the hemodialysis technician is in the patient care area.

(b) The training program must cover the following subjects:

(i) Principles of dialysis and fluid management;

(ii) Care of patients with kidney failure, including interpersonal skills;

(iii) Dialysis procedures and documentation, including initiation, proper cannulation techniques, use of central catheters, monitoring, and termination of dialysis;

(iv) Use and care of hemodialysis accesses;

(v) Common laboratory testing procedures and critical alert values;

(vi) Possible complications of dialysis and dialysis emergencies;

(vii) Water treatment and dialysate preparation;

(viii) Infection control;

(ix) Use of hazardous chemicals;
(x) Safety;
(xi) Dialyzer reprocessing, if applicable; and
(xii) Use of medications used in dialysis and their side effects.

(c) The medical assistant-hemodialysis technician applicant, upon completion of the hemodialysis training program, must demonstrate competency of the following:

(i) Dialysis procedures and documentation, including initiation, proper cannulation techniques, central catheter techniques, monitoring, and termination of dialysis;
(ii) Operation of hemodialysis equipment;
(iii) Calculation of patient fluid removal and replacement needs;
(iv) Preparation and mixture of additives to hemodialysis concentrates as required by facility procedure based on patient prescription;
(v) Preparation and administration of heparin and sodium chloride solutions and intradermal, subcutaneous, or topical administration of local anesthetics during treatment in standard hemodialysis doses;
(vi) Provide initial response to patient complications and emergencies prior to, during, and after treatment per facility procedures including, but not limited to, the administration of normal saline per facility protocol;
(vii) Use and care of hemodialysis vascular accesses;
(viii) Administration of oxygen; and
(ix) Initiation of cardiopulmonary resuscitation.

(d) Technicians who perform monitoring and testing of the water treatment system must complete a training program that has been approved by the facility medical director ((~~and governing body~~)).

(e) The training program may accept documentation of a medical assistant-hemodialysis technician's successful completion of training objectives in another dialysis facility or accredited academic institution if it is substantially equivalent to the core competencies described in this subsection. The dialysis facility that accepts the documentation assumes responsibility for confirming the core competency of the medical assistant-hemodialysis technician.

(f) Upon successful completion of the hemodialysis training program, an authorized representative of the hemodialysis training program will sign an attestation of completion of the training described in this subsection. The attestation shall include documentation of the satisfactory completion of a skills competency checklist equivalent to, or exceeding the competencies required by these rules.

(g) Training programs that meet the requirements described in this subsection are approved by the secretary.

AMENDATORY SECTION (Amending WSR 21-02-002, filed 12/23/20, effective 1/23/21)

WAC 246-827-0510 Medical assistant-hemodialysis technician—Application. Applicants for a medical assistant-hemodialysis technician credential shall submit the following:

(1) A completed application on forms provided by the department;
(2) ((~~Proof~~)) An attestation of completion of high school education or equivalent;

(3) ((~~Proof~~)) An attestation of basic math skills including the use of fractions and decimal points;

(4) An attestation of either successful completion of an approved training program under WAC 246-827-0500(5), or ((~~proof of~~)) that the applicant holds a current national credential as a hemodialysis technician under WAC 246-827-0500(4);

((~~(4)~~)) (5) An attestation of current cardiopulmonary resuscitation certification;

((~~(5)~~)) (6) Any fee required in WAC 246-827-990; and

((~~(6)~~)) (7) Fingerprint cards for national fingerprint based background check pursuant to RCW 18.130.064(2), if requested by the department.

AMENDATORY SECTION (Amending WSR 25-13-095, filed 6/17/25, effective 8/1/25)

WAC 246-827-0530 Medical assistant-EMT—Application. An applicant for a medical assistant-EMT credential shall ((~~meet~~)) submit the following ((~~requirements~~)):

(1) ((~~Submit~~)) A completed application on forms provided by the department;

(2) ((~~Submit proof~~)) An attestation of completion of high school education or its equivalent;

(3) ((~~Show~~)) Proof of a credential in good standing as an emergency medical technician under chapter 18.73 RCW, advanced emergency medical technician under chapter 18.71 RCW, or paramedic under chapter 18.71 RCW;

(4) ((~~Pay~~)) Any fee required in WAC 246-827-990; and

(5) ((~~Submit~~)) Fingerprint cards for national fingerprint based background check pursuant to RCW 18.130.064(2), if requested by the department.

AMENDATORY SECTION (Amending WSR 23-16-004, filed 7/19/23, effective 8/19/23)

WAC 246-827-0610 Expired credential—Return to active status. (1) A person holding an expired medical assistant credential may not practice until the credential is returned to active status.

(2) If the medical assistant credential has expired for less than three years, they shall meet the requirements of WAC 246-12-020 through 246-12-051.

(3) If the medical assistant credential has been expired for three years or more, and they currently practice as a medical assistant in another state or U.S. jurisdiction, they shall:

(a) Meet the requirements of WAC 246-12-020 through 246-12-051; and

(b) Provide verification of a current unrestricted active medical assistant credential in another state or U.S. jurisdiction which is substantially equivalent to the qualifications for the credential in the state of Washington.

(4) If a medical assistant-certified, a medical assistant-hemodialysis technician, or a medical assistant-phlebotomist credential

has been expired for three years or more and the person does not meet the requirements of subsection (3) of this section, they shall comply with WAC 246-12-020 through 246-12-051 and demonstrate competence in one of the following ways:

(a) A medical assistant-certified must successfully pass an examination as identified in WAC 246-827-0200 within six months prior to reapplying for the credential or currently hold a national medical assistant certification with a national examining organization approved by the secretary.

(b) A medical assistant-phlebotomist must complete the training requirements of WAC 246-827-0400 within six months prior to reapplying for the credential.

(c) A medical assistant-hemodialysis technician must complete the training requirements of WAC 246-827-0500 within six months prior to reapplying for the credential.

(5) If the medical assistant-registered credential has expired, they must also submit a new application as provided for in WAC 246-827-0300.

(6) If the medical assistant-EMT credential has expired, they must also submit a new application as provided for in WAC 246-827-0530.

AMENDATORY SECTION (Amending WSR 13-12-045, filed 5/31/13, effective 7/1/13)

WAC 246-827-0620 Inactive status. A medical assistant-certified, a medical assistant-hemodialysis technician, or a medical assistant-phlebotomist may obtain an inactive credential as described in chapter 246-12 WAC((~~, Part 4~~)).

AMENDATORY SECTION (Amending WSR 13-12-045, filed 5/31/13, effective 7/1/13)

WAC 246-827-0630 Retired volunteer medical worker credential. A medical assistant-certified, a medical assistant-hemodialysis technician, or a medical assistant-phlebotomist may obtain an initial retired volunteer medical worker credential as described in chapter 246-12 WAC((~~, Part 12~~)). To change a retired volunteer medical assistant credential to active status the person must follow the requirements of WAC 246-12-450.