

SENATE BILL REPORT

SB 5181

As Reported by Senate Committee On:
Health & Long Term Care, January 19, 2023

Title: An act relating to medical assistants.

Brief Description: Concerning medical assistants.

Sponsors: Senators Cleveland, Rivers and Dhingra.

Brief History:

Committee Activity: Health & Long Term Care: 1/12/23, 1/19/23 [DPS].

Brief Summary of First Substitute Bill

- Allows an applicant applying for certification as a medical assistant-phlebotomist or a medical assistant-hemodialysis technician to work for 180 days after the applicant's application has been filed.
- Expands the authorized duties for medical assistant-registered to include using electrocardiography for diagnostic testing and administering certain medications for intramuscular injections.
- Amends the supervision level required from "physically present and immediately available in the facility" to "immediately available" supervision for medical assistants during certain procedures involving administering vaccines, and obtaining specimens for or performing diagnostic testing.
- Amends the supervision level required from "direct visual" to "immediate" supervision for medical assistant-certified performing intravenous injections and medical assistant-registered performing intramuscular injections.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

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.

Majority Report: That Substitute Senate Bill No. 5181 be substituted therefor, and the substitute bill do pass.

Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Rivers, Ranking Member; Muzzall, Assistant Ranking Member; Conway, Dhingra, Holy, Padden, Randall and Van De Wege.

Staff: Julie Tran (786-7283)

Background: Medical Assistants. There are several types of medical assistants (MAs) certified and registered by the Department of Health (DOH) including MA-certified, MA-registered, MA-phlebotomist, and MA-hemodialysis technician. Each type of MA must be supervised by a health care practitioner, including a physician, an osteopathic physician, a podiatric physician, a registered nurse, an advanced registered nurse practitioner, a naturopath, a physician assistant, or an optometrist. In most cases, the health care practitioner must be physically present and immediately available. The health care practitioner does not need to be present during procedures to withdraw blood, but must be immediately available

A MA-certified and a MA-registered may sterilize equipment, take vital signs, and maintain records. A MA-registered may only perform the medical tasks listed in his or her current attestation of endorsement.

A MA-hemodialysis technician performs hemodialysis when delegated and supervised by a qualified health care practitioner.

A MA-phlebotomist may perform capillary, venous, or arterial invasive procedures for blood withdrawal under the general supervision of a qualified health care practitioner.

Credentialing for Medical Assistants. To become certified as a MA-hemodialysis technician, an applicant must complete a training program or hold a national credential that is the equivalent of the training program. The applicant must also have a high school education; the ability to read, write, and converse in English; basic math skills; and cardiopulmonary resuscitation certification.

To become certified as a MA-phlebotomist, an applicant must complete 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 a phlebotomy training program as attested by the phlebotomy training program's supervising health care practitioner.

To be issued a registration as a MA-registered, an individual must have a current endorsement from a health care practitioner, clinic, or group practice. To be endorsed, an individual must have a current attestation of their endorsement to perform specific medical tasks signed by a supervising health care practitioner filed with DOH and be endorsed by a

qualifying health care practitioner, clinic, or group practice. 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.

An applicant for registration as a MA-registered who applies to DOH within seven days of employment by the endorsing health care practitioner, clinic, or group practice may work as a MA-registered for up to 60 days while the application is processed. The applicant must stop working on the 60th day of employment if registration has not been granted for any reason.

For MA-certified, an individual who has completed the training program and met all the qualifications except for the passage of the exam, may obtain an interim certification. The interim permit expires upon passage of the examination or after one year, whichever occurs first, and may not be renewed.

Proclamation 20-32. In February 29, 2020, Governor Jay Inslee issued Proclamation 20-05, which declared a state of emergency throughout Washington as a result of the COVID-19 pandemic. The Governor has since exercised emergency powers through a number of proclamations that prohibit certain activities and waive or suspend certain laws and regulations. These emergency orders include Proclamation 20-32, concerning continuing education, training, license renewals, retired active credential renewals, and delegation agreements for certain health care professionals, as well as supervision of certain medical assistants.

Proclamation 20-32 waived and suspended statutes and rules relating to the administrative requirements to license health care providers to increase the availability of health care workers. The statutes and rules that were waived and suspended include:

- the requirement for a supervising health care practitioner to be physically present in the facility;
- the automatic expiration of the MA-certified interim permit after one year; and
- the requirement for applicants applying for registration as a MA-registered to stop working on the 60th day if DOH has not approved their registration application within 60 days.

Proclamation 20-32 also allowed for the renewal of MA-certified interim certification and for medical assistants to administer, deliver, distribute, and dispense COVID-19 tests and vaccines. Proclamation 20-32 expired on October 27, 2022.

Summary of Bill (First Substitute): A supervising healthcare practitioner does not need to be physically present but must be immediately available when MAs perform procedures involving administering vaccines, or obtaining specimens for or performing diagnostic testing.

There must be immediate supervision when medical assistant-certified performing

intravenous injections and medical assistant-registered performing intramuscular injection. A supervising health care practitioner is not required to have direct visual supervision during these two procedures.

The authorized duties for MA-registered may include using electrocardiography to conduct diagnostic testing and administer certain medications for intramuscular injections.

Credentialing for Medical Assistants. The MA-certified interim permit expires upon either both the passage of the exam and issuance of certification or the one-year period, whichever occurs first.

To facilitate patient continuity of care and to allow sufficient time for application processing, an applicant for certification as a MA-hemodialysis technician who has completed the training program may continue to work at a dialysis facility under the level of supervision required for the training program for 180 days after the application is filed.

To facilitate access to services and to allow sufficient time for application processing, an applicant for certification as a MA-phlebotomist who has completed the training program may work under the level of supervision required for the training program for 180 days after the application is filed.

EFFECT OF CHANGES MADE BY HEALTH & LONG TERM CARE COMMITTEE (First Substitute):

- Amends the supervision levels from "direct visual" to "immediate" supervision for medical assistant-certified performing intravenous injections and medical assistant-registered performing intramuscular injections.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: The bill contains an emergency clause and takes effect immediately.

Staff Summary of Public Testimony on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: We are experiencing severe healthcare workforce shortages in all areas. All healthcare settings including kidney dialysis facilities and blood banks have reported difficulties recruiting new providers and retaining existing ones. Currently, after the completion of the training, the statute requires MA-hemodialysis technicians and MA-phlebotomists to stop providing patient care until their certifications have been processed by DOH. This gap period is the most disruptive to patient care and exacerbates the staffing shortages. Streamlining the credentialing process for MA-

hemodialysis technicians and MA-phlebotomists is a crucial step that the Legislature can take to help with the workforce shortage and assist those in need. It is critically important for these medical professionals to be able to continue their work, after they have completed their training, under the training level of supervision required for the duration of time while their application is being processed. The emergency clause is also necessary so we can begin ensuring a continuity of care. This bill also lowers the supervision level for some medical assistants providing COVID-19 vaccines and testing and allows for greater flexibility for testing and vaccines sites. It also expands the authority for medical assistant-registered to administer medications while ensuring that there are safeguards in place to protect the public. There is a request to consider removing the requirement for "direct visual" supervision level when a MA-certified performs intravenous injections. This change will improve workflows without changing the medical assistant's scope of practice. Current requirements impose significant clinical workflow constraints and costs without providing any benefits to the patients.

Persons Testifying: PRO: Senator Annette Cleveland, Prime Sponsor; Nathaniel Brown, Northwest Kidney Council; Jennifer Hawkins, Vitalant; Leslie Emerick, Fresenius Medical Care North America (FMCNA); Roman Daniels-Brown, DaVita; Scott Sigmon, ZoomCare; Katie Kolan, Washington State Hospital Association (WSHA); Shawna Fox, Washington State Department of Health; Jessica Hostetler, Northwest Kidney Centers; Intisar Surur, Quest Diagnostics.

Persons Signed In To Testify But Not Testifying: No one.