
SUBSTITUTE SENATE BILL 5181

State of Washington

68th Legislature

2023 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Cleveland, Rivers, and Dhingra)

1 AN ACT Relating to medical assistants; amending RCW 18.360.010,
2 18.360.040, and 18.360.050; and declaring an emergency.

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

4 **Sec. 1.** RCW 18.360.010 and 2021 c 44 s 2 are each amended to
5 read as follows:

6 The definitions in this section apply throughout this chapter
7 unless the context clearly requires otherwise.

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

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

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

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

1 search warrant, a waiver of the warrant requirement, or exigent
2 circumstances.

3 (5) "Health care practitioner" means:

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

5 (b) An osteopathic physician and surgeon licensed under chapter
6 18.57 RCW; or

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

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

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

22 (8) "Medical assistant-phlebotomist" means a person certified
23 under RCW 18.360.040 who performs capillary, venous, and arterial
24 invasive procedures for blood withdrawal and other functions pursuant
25 to RCW 18.360.050 under the supervision of a health care
26 practitioner.

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

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

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

38 (b) The health care practitioner does not need to be present
39 during procedures to withdraw blood, administer vaccines, or obtain

1 specimens for or perform diagnostic testing, but must be immediately
2 available.

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

7 **Sec. 2.** RCW 18.360.040 and 2017 c 336 s 17 are each amended to
8 read as follows:

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

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

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

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

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

36 (b) In order to allow sufficient time for the processing of a
37 medical assistant-phlebotomist certification, applicants for that
38 credential who have completed their training program are allowed to
39 work, under the level of supervision required for the training

1 program, for a period of up to 180 days after filing their
2 application, to facilitate access to services.

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

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

9 (b) In order to be endorsed under this subsection (5), a person
10 must:

11 (i) Be endorsed by a health care practitioner, clinic, or group
12 practice that meets the qualifications established under RCW
13 18.360.030; and

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

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

22 (d) An applicant for registration as a medical assistant-
23 registered who applies to the department within seven days of
24 employment by the endorsing health care practitioner, clinic, or
25 group practice may work as a medical assistant-registered for up to
26 (~~sixty~~) 60 days while the application is processed. The applicant
27 must stop working on the (~~sixtieth~~) 60th day of employment if the
28 registration has not been granted for any reason.

29 (6) A certification issued under subsections (1) through (3) of
30 this section is transferable between different practice settings. A
31 certification under subsection (4) of this section is transferable
32 between law enforcement agencies.

33 **Sec. 3.** RCW 18.360.050 and 2014 c 138 s 1 are each amended to
34 read as follows:

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

38 (a) Fundamental procedures:

39 (i) Wrapping items for autoclaving;

- 1 (ii) Procedures for sterilizing equipment and instruments;
2 (iii) Disposing of biohazardous materials; and
3 (iv) Practicing standard precautions.
- 4 (b) Clinical procedures:
- 5 (i) Performing aseptic procedures in a setting other than a
6 hospital licensed under chapter 70.41 RCW;
- 7 (ii) Preparing of and assisting in sterile procedures in a
8 setting other than a hospital under chapter 70.41 RCW;
- 9 (iii) Taking vital signs;
- 10 (iv) Preparing patients for examination;
- 11 (v) Capillary blood withdrawal, venipuncture, and intradermal,
12 subcutaneous, and intramuscular injections; and
- 13 (vi) Observing and reporting patients' signs or symptoms.
- 14 (c) Specimen collection:
- 15 (i) Capillary puncture and venipuncture;
- 16 (ii) Obtaining specimens for microbiological testing; and
- 17 (iii) Instructing patients in proper technique to collect urine
18 and fecal specimens.
- 19 (d) Diagnostic testing:
- 20 (i) Electrocardiography;
- 21 (ii) Respiratory testing; and
- 22 (iii)(A) Tests waived under the federal clinical laboratory
23 improvement amendments program on July 1, 2013. The department shall
24 periodically update the tests authorized under this subsection (1)(d)
25 based on changes made by the federal clinical laboratory improvement
26 amendments program; and
- 27 (B) Moderate complexity tests if the medical assistant-certified
28 meets standards for personnel qualifications and responsibilities in
29 compliance with federal regulation for nonwaived testing.
- 30 (e) Patient care:
- 31 (i) Telephone and in-person screening limited to intake and
32 gathering of information without requiring the exercise of judgment
33 based on clinical knowledge;
- 34 (ii) Obtaining vital signs;
- 35 (iii) Obtaining and recording patient history;
- 36 (iv) Preparing and maintaining examination and treatment areas;
- 37 (v) Preparing patients for, and assisting with, routine and
38 specialty examinations, procedures, treatments, and minor office
39 surgeries;
- 40 (vi) Maintaining medication and immunization records; and

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

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

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

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

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

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

20 (g) Intravenous injections. A medical assistant-certified may
21 administer intravenous injections for diagnostic or therapeutic
22 agents under the (~~direct visual~~) immediate supervision of a health
23 care practitioner if the medical assistant-certified meets minimum
24 standards established by the secretary in rule. The minimum standards
25 must be substantially similar to the qualifications for category D
26 and F health care assistants as they exist on July 1, 2013.

27 (h) Urethral catheterization when appropriately trained.

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

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

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

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

1 changes made by the federal clinical laboratory improvement
2 amendments program;

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

7 (d) Electrocardiograms.

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

11 (a) Fundamental procedures:

12 (i) Wrapping items for autoclaving;

13 (ii) Procedures for sterilizing equipment and instruments;

14 (iii) Disposing of biohazardous materials; and

15 (iv) Practicing standard precautions.

16 (b) Clinical procedures:

17 (i) Preparing for sterile procedures;

18 (ii) Taking vital signs;

19 (iii) Preparing patients for examination; and

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

21 (c) Specimen collection:

22 (i) Obtaining specimens for microbiological testing; and

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

25 (d) Patient care:

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

29 (ii) Obtaining vital signs;

30 (iii) Obtaining and recording patient history;

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

32 (v) Preparing patients for, and assisting with, routine and
33 specialty examinations, procedures, treatments, and minor office
34 surgeries utilizing no more than local anesthetic. The department
35 may, by rule, prohibit duties authorized under this subsection
36 (4)(d)(v) if performance of those duties by a medical assistant-
37 registered would pose an unreasonable risk to patient safety;

38 (vi) Maintaining medication and immunization records; and

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

1 (e) Diagnostic testing and electrocardiography.

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

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

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

13 ~~((g))~~ (h) Urethral catheterization when appropriately trained.

14 (i) Administering medications:

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

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

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

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

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

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

38 NEW SECTION. Sec. 4. This act is necessary for the immediate
39 preservation of the public peace, health, or safety, or support of

1 the state government and its existing public institutions, and takes
2 effect immediately.

--- **END** ---