

FINAL BILL REPORT

ESSB 6237

C 153 L 12
Synopsis as Enacted

Brief Description: Creating a career pathway for medical assistants.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Keiser, Conway, Kline, Frockt and Becker).

Senate Committee on Health & Long-Term Care

House Committee on Health Care & Wellness

House Committee on Health & Human Services Appropriations & Oversight

Background: Health Care Assistants. A certified health care assistant is authorized to provide assistance to certain licensed health care practitioners, such as physicians, nurses, and naturopaths. A licensed health care practitioner may delegate certain functions to the health care assistant such as administering skin tests, injections, and performing blood withdrawals. Each health care assistant is certified by the facility in which they are employed, or by the practitioner who delegates functions to the health care assistant, pursuant to standards adopted by the Department of Health (DOH) in rule. The facility or practitioner must submit a roster of certified health care assistants to DOH. Health care assistants are divided into seven different categories based on differing educational, training, and experiential requirements. The different tasks each category of health care assistant may perform are as follows (all health care assistants may administer vaccines):

- Category A: venous and capillary invasive procedures for blood withdrawal;
- Category B: arterial invasive procedures for blood withdrawal;
- Category C: intradermal, subcutaneous, and intramuscular injections for diagnostic agents and the administration of skin tests;
- Category D: intravenous injections for diagnostic agents;
- Category E: intradermal, subcutaneous, and intramuscular injections and the administration of skin tests;
- Category F: intravenous injections for therapeutic agents; and
- Category G: hemodialysis.

Medical Assistants. Medical assistants are personnel who provide administrative or clinical tasks under the supervision of other health care practitioners. Although a variety of national organizations certify medical assistants, they are currently not a credentialed health profession in Washington. In 2011 DOH completed a sunrise review of a proposal to credential medical assistants. In its report, DOH supported credentialing medical assistants, but also made recommendations regarding clarifying the current health care assistant

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credential. DOH recommended that existing health care assistant categories be blended with a medical assistant certification. Categories C and E would be replaced with a certified medical assistant credential. Categories A and B would be replaced with a certified phlebotomist credential. Category G would be replaced with a certified hemodialysis technician credential. DOH also recommended removal of the requirement that a credential holder obtain a new credential every time he or she leaves a facility or delegator.

Summary: Medical assistants must be certified or registered with DOH according to one of four categories. The category of certified health care assistant is eliminated and current health care assistants must be transitioned into one of the medical assistant categories. The four categories of medical assistants are: Medical assistant-certified; medical assistant-hemodialysis technician; medical assistant-phlebotomist; and medical assistant-registered. Only medical assistant-registered may be registered by DOH, all other categories must be certified. Certifications are transferable between practice settings while registrations are not transferrable to another health care practitioner, clinic, or group practice.

The Secretary of DOH (Secretary) must adopt rules on the minimum qualifications for medical assistants for all categories, including rules establishing minimum requirements necessary for a health care practitioner, clinic, or group practice to endorse a medical assistant. The medical quality assurance commission, the board of osteopathic medicine and surgery, the podiatric medical board, the nursing care quality assurance commission, the board of naturopathy, and the optometry board must identify other specialty assistive personnel not included in the four categories of medical assistants. This information must be submitted to the Legislature by December 15, 2012.

A medical assistant-certified is a person who is certified by DOH and performs tasks under the supervision of a health care practitioner. Tasks that may be performed include fundamental procedures, clinical procedures, specimen collection, diagnostic testing, patient care, administering medications, and administering intravenous injections. A medical assistant-hemodialysis technician is a person who performs hemodialysis when delegated and supervised by a health care practitioner. This category permits a person to administer drugs and oxygen to a patient and qualifications adopted by the secretary of DOH must be equivalent to the qualifications that currently exist for hemodialysis technicians. A medical assistant-phlebotomist is a person who performs capillary, venous, and arterial invasive procedures for blood withdrawal and other functions when delegated and supervised by a health care practitioner.

Before delegating a task to a medical assistant, the health care practitioner must determine that the task is within that health care practitioner's scope of practice, that the task is indicated for the patient, that the medical assistant is working under the appropriate level of supervision, that the medical assistant is competent to perform the task, that the task is appropriate to delegate, and that, if performed improperly, the task would not present life-threatening consequences or danger to the patient.

New certifications for health care assistants may not be issued after July 1, 2013. Category A and B assistants are to be renewed as medical assistant-phlebotomist. Category C, D, E, or F health care assistants are to be renewed as medical assistant-certified. Category G assistants are to be renewed as medical assistant-hemodialysis technician.

The Secretary must develop recommendations regarding a career path plan for medical assistants. The plan must be developed in consultation with stakeholders, including health care practitioner professional organizations, organizations representing health care workers, community colleges, career colleges, and technical colleges. The purpose of the career path plan is to evaluate 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 plan must be reported to the Legislature by December 15, 2012.

Applicants with military training or experience satisfy training and experience requirements unless the Secretary determines that the military training or experience is not substantially equivalent to state standards.

Nursing technicians may work in a clinical setting.

Votes on Final Passage:

Senate	42	6	
House	97	1	(House amended)
Senate	43	5	(Senate concurred)

Effective: June 7, 2012
July 1, 2013 (Sections 1-12, 14, 16, and 18)
July 1, 2016 (Sections 15 and 17)