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**ENGROSSED SUBSTITUTE SENATE BILL 6237**

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**State of Washington**

**62nd Legislature**

**2012 Regular Session**

**By** Senate Health & Long-Term Care (originally sponsored by Senators Keiser, Conway, Kline, Frockt, and Becker)

READ FIRST TIME 01/26/12.

1       AN ACT Relating to creating a career pathway for medical  
2 assistants; amending RCW 18.135.030, 18.135.040, 18.135.060,  
3 18.135.070, 18.135.090, 18.135.110, 18.135.120, 18.120.020, 18.130.040,  
4 and 46.61.506; reenacting and amending RCW 18.135.020; adding new  
5 sections to chapter 18.135 RCW; creating a new section; and repealing  
6 RCW 18.135.010, 18.135.025, 18.135.050, 18.135.055, and 18.135.062.

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

8       NEW SECTION. **Sec. 1.** The legislature finds that medical  
9 assistants are health care professionals who commonly work in  
10 ambulatory settings, such as physicians' offices, clinics, and group  
11 practices. Medical assistants are trained to perform administrative  
12 and clinical procedures as part of a health care team. Currently,  
13 medical assistants are not credentialed, although there is a nationally  
14 recognized certifying organization.

15       The legislature further finds that health care assistants are  
16 currently credentialed in this state. Health care assistants are  
17 certified to perform very specific tasks such as blood draws,  
18 injections, limited medication administration, skin tests, and  
19 hemodialysis. The existence of these two professions, one with a

1 commonly used title but no credential, the other with a credential but  
2 seldom used title, causes significant confusion for health care  
3 professionals.

4 The legislature intends to change the designation of health care  
5 assistant to medical assistant. Rather than have multiple disparate  
6 categories for medical assistant certification, the legislature intends  
7 to provide minimum requirements for entry-level medical assistants and  
8 require the department of health to establish a career ladder so that  
9 medical assistants can, through experience and education, increase  
10 their skills and the procedures in which they are permitted to assist.

11 NEW SECTION. **Sec. 2.** A new section is added to chapter 18.135 RCW  
12 to read as follows:

13 (1) Medical assistants certified under this chapter have limited  
14 authority to perform certain delegated medical tasks related to  
15 administering basic first aid; collecting routine laboratory specimens;  
16 assisting with patient examinations or treatment; performing minor  
17 clinical procedures; operating office medical equipment; performing  
18 basic laboratory procedures; and administering medications by unit,  
19 single, or calculated dosage including vaccines.

20 (2) The secretary shall create in rule:

21 (a) Categories of medical assistants that may be authorized to  
22 perform the tasks in subsection (1) of this section. The categories  
23 must reflect an increasing level of skill and responsibility. The  
24 rules must also describe the training, experience, education, or  
25 examination requirements for each category;

26 (b) One category of medical assistants must be for hemodialysis  
27 technicians. Rules adopted by the secretary must allow for the  
28 hemodialysis technician to be trained by the facility in which the  
29 person is employed so long as the training program is approved by the  
30 department. If the hemodialysis technician is so trained, he or she is  
31 not required to meet the requirements of section 4(3)(b) through (d) of  
32 this act; and

33 (c) Training, experience, education, or examination requirements  
34 for entry-level health care workers to transition, via a career ladder,  
35 to medical assistants or for medical assistants to transition into  
36 other health care professions pursuant to RCW 18.135.030(2) (c) and  
37 (d).

1       **Sec. 3.** RCW 18.135.020 and 2009 c 43 s 4 are each reenacted and  
2 amended to read as follows:

3       The definitions in this section apply throughout this chapter  
4 unless the context clearly requires otherwise.

5       (1) "Delegation" means direct authorization granted by a licensed  
6 health care practitioner to a (~~health-care~~) medical assistant to  
7 perform the functions authorized in this chapter which fall within the  
8 scope of practice of the delegator and which are not within the scope  
9 of practice of the delegatee.

10       (2) (~~("Health-care-assistant" means an unlicensed person who  
11 assists a licensed health care practitioner in providing health care to  
12 patients pursuant to this chapter. However, persons trained by a  
13 federally approved end-stage renal disease facility who perform end-  
14 stage renal dialysis in the home setting are exempt from certification  
15 under this chapter.)~~) "Department" means the department of health.

16       (3) "Health care facility" means any hospital, hospice care center,  
17 licensed or certified health care facility, health maintenance  
18 organization regulated under chapter 48.46 RCW, federally qualified  
19 health maintenance organization, renal dialysis center or facility  
20 federally approved under 42 C.F.R. 405.2100, blood bank federally  
21 licensed under 21 C.F.R. 607, or clinical laboratory certified under 20  
22 C.F.R. 405.1301-16.

23       (4) "Health care practitioner" means:

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

25       (b) An osteopathic physician or surgeon licensed under chapter  
26 18.57 RCW; or

27       (c) Acting within the scope of their respective licensure, a  
28 podiatric physician and surgeon licensed under chapter 18.22 RCW, a  
29 registered nurse or advanced registered nurse practitioner licensed  
30 under chapter 18.79 RCW, a naturopath licensed under chapter 18.36A  
31 RCW, a physician assistant licensed under chapter 18.71A RCW, or an  
32 osteopathic physician assistant licensed under chapter 18.57A RCW.

33       (5) "Medical assistant" means a person certified under this chapter  
34 to assist a licensed health care practitioner in providing health care  
35 to patients. However, the term "medical assistant" does not include  
36 persons trained by a federally approved end-stage renal disease  
37 facility who perform end-stage renal dialysis in the home setting.

38       (6) "Secretary" means the secretary of health.

1       (~~(6)~~) (7) "Supervision" means supervision of procedures permitted  
2 pursuant to this chapter by a health care practitioner who is  
3 physically present and is immediately available in the facility during  
4 the administration of injections or vaccines, as defined in this  
5 chapter, or certain drugs as provided in RCW 18.135.130, but need not  
6 be present during procedures to withdraw blood.

7       NEW SECTION. **Sec. 4.** A new section is added to chapter 18.135 RCW  
8 to read as follows:

9       (1) Beginning July 1, 2014, no persons may represent themselves as  
10 medical assistants unless certified as provided for in this chapter.  
11 Once certified, medical assistants may only practice in the category of  
12 medical assistant for which they are certified. However, they may,  
13 under supervision of a health care professional, receive training for  
14 procedures in another category of medical assistant.

15       (2) An applicant applying for certification as a medical assistant  
16 must file a written application on a form or forms provided by the  
17 secretary setting forth under affidavit such information as the  
18 secretary may require, and proof that the candidate has met  
19 qualifications set forth in this chapter.

20       (3) Any person seeking certification as a medical assistant must  
21 meet the following qualifications:

- 22       (a) Be eighteen years of age or older;
- 23       (b) Have satisfactorily completed a medical assistant program  
24 approved by the secretary;
- 25       (c) Have satisfactorily completed a medical assistant examination  
26 approved by the secretary; and
- 27       (d) Demonstrate evidence of completing the education and training  
28 requirements for the category of medical assistant for which the person  
29 is seeking certification.

30       NEW SECTION. **Sec. 5.** A new section is added to chapter 18.135 RCW  
31 to read as follows:

32       (1) The secretary may certify a person as a medical assistant  
33 without examination if the person is licensed or certified as a medical  
34 assistant in another jurisdiction and if, in the secretary's judgment,  
35 the requirements of that jurisdiction are equivalent or greater than  
36 those of Washington state.

1 (2) Before July 1, 2014, the secretary may certify as a medical  
2 assistant without examination if the person is practicing as a  
3 certified health care assistant and is in good standing. The secretary  
4 must certify the person for the category of medical assistant that is  
5 appropriate for the person's education and experience.

6 **Sec. 6.** RCW 18.135.030 and 1999 c 151 s 201 are each amended to  
7 read as follows:

8 (1) The secretary or the secretary's designee may appoint members  
9 of the (~~health care~~) medical assistant profession and other health  
10 care practitioners, as defined in RCW 18.135.020(~~(+3)~~), to serve in an  
11 ad hoc capacity to assist in carrying out the provisions of this  
12 chapter. The members shall provide advice on matters specifically  
13 identified and requested by the secretary. The members shall be  
14 reimbursed for travel expenses under RCW 43.03.050 and 43.03.060.

15 (2) In addition to any other authority provided by law, the  
16 secretary shall:

17 (a) Adopt rules necessary to(~~(+~~  
18 (a)) administer, implement, and enforce this chapter, including  
19 rules providing for the transition of health care assistants to medical  
20 assistants and ensuring that a health care assistant practicing before  
21 July 1, 2014, will be certified in the appropriate medical assistant  
22 category for that person's education and experience;

23 (b) Establish (~~the minimum requirements necessary for a health~~  
24 care facility or health care practitioner to certify a health care  
25 assistant capable of performing the functions authorized in this  
26 chapter; and

27 (c) — Establish)) a career ladder permitting upward career  
28 advancement for medical assistants. The career ladder must consist of  
29 categories of medical assistants with minimum requirements for each and  
30 every category of (~~health care~~) medical assistant, including minimum  
31 requirements for the entry-level category, education and experience  
32 requirements that are needed for medical assistants to advance to  
33 another category, on-the-job instruction and training, and the  
34 procedures medical assistants are able to assist with during training  
35 to assist them in advancing up the ladder;

36 (c) Establish requirements to assist entry-level health care

1 workers in other fields, such as home care aides, to advance into a  
2 medical assistant position;

3 (d) As part of the career ladder in (b) of this subsection,  
4 establish education and experience requirements to assist medical  
5 assistants to move into other health care professions, including  
6 nursing professions, that would benefit from their experience and  
7 training;

8 (e) Establish forms necessary to administer this chapter, including  
9 forms medical assistants may use to document their education and  
10 experience;

11 (f) Issue a certificate to an applicant who has met the  
12 requirements for certification and deny a certificate to an applicant  
13 who does not meet the minimum qualifications;

14 (g) Hire clerical, administrative, and investigative staff as  
15 needed to implement this chapter and hire individuals, including those  
16 certified under this chapter, to serve as consultants as necessary to  
17 implement and administer this chapter;

18 (h) Maintain the official department record of all applicants and  
19 certificate holders;

20 (i) Conduct a hearing, under chapter 34.05 RCW, on an appeal of a  
21 denial of certification based on the applicant's failure to meet the  
22 minimum qualification for certification;

23 (j) Investigate alleged violations of this chapter and consumer  
24 complaints involving the practice of persons representing themselves as  
25 medical assistants;

26 (k) Issue subpoenas, statements of charges, statements of intent to  
27 deny certifications, and orders and delegate in writing to a designee  
28 the authority to issue subpoenas, statements of charges, and statement  
29 on intent to deny certifications;

30 (l) Conduct disciplinary proceedings, impose sanctions, and assess  
31 finances for violations of this chapter or any rules adopted under it in  
32 accordance with chapter 34.05 RCW;

33 (m) Set all certification, renewal, and late renewal fees;

34 (n) Set certification expiration dates and renewal periods for all  
35 certifications under this chapter; and

36 (o) Set minimum continuing education requirements.

37 ~~(3) ((The rules shall be adopted after fair consideration of input~~

1 ~~from representatives of each category. These requirements shall ensure~~  
2 ~~that the public health and welfare are protected and shall include, but~~  
3 ~~not be limited to, the following factors:~~

4 ~~(a) The education and occupational qualifications for the health~~  
5 ~~care assistant category;~~

6 ~~(b) The work experience for the health care assistant category;~~

7 ~~(c) The instruction and training provided for the health care~~  
8 ~~assistant category; and~~

9 ~~(d) The types of drugs or diagnostic agents which may be~~  
10 ~~administered by injection by health care assistants working in a~~  
11 ~~hospital or nursing home. The rules established under this subsection~~  
12 ~~shall not prohibit health care assistants working in a health care~~  
13 ~~facility other than a nursing home or hospital from performing the~~  
14 ~~functions authorized under this chapter.)) Before adopting rules under~~  
15 ~~this section and by December 1, 2012, the secretary must submit a~~  
16 ~~preliminary plan, as described in this subsection, to the appropriate~~  
17 ~~committees of the legislature. The preliminary plan must include the~~  
18 ~~categories of medical assistants to be adopted in rule as well as the~~  
19 ~~scope of practice of each category. The preliminary plan must also~~  
20 ~~include the plan for transitioning health care assistants to medical~~  
21 ~~assistants with a description of categories of health care assistants~~  
22 ~~as they transition to categories of medical assistants.~~

23 **Sec. 7.** RCW 18.135.040 and 2006 c 242 s 3 are each amended to read  
24 as follows:

25 A certification issued to a ((health-care)) medical assistant  
26 pursuant to this chapter shall be authority to perform only the  
27 functions authorized ((in RCW 18.135.010)) for the category in which  
28 the medical assistant has been certified and subject to proper  
29 delegation and supervision in ((the)) a health care facility ((making  
30 the certification)) or under the supervision of ((the certifying)) a  
31 health care practitioner ((in other health care facilities or in his or  
32 her office or in the residences of research study participants in  
33 accordance with RCW 18.135.110. No certification made by one health  
34 care facility or health care practitioner is transferrable to another  
35 health care facility or health care practitioner)). Medical assistants  
36 may be trained in procedures in a category in which the medical

1 assistant is not certified under the supervision of a health care  
2 professional.

3 **Sec. 8.** RCW 18.135.060 and 2001 c 22 s 3 are each amended to read  
4 as follows:

5 (1) Except as provided in subsection (2) of this section:

6 (a) Any (~~health-care~~) medical assistant certified pursuant to  
7 this chapter shall perform the functions authorized in this chapter  
8 only by delegation of authority from (~~the~~) a health care practitioner  
9 and under the supervision of a health care practitioner acting within  
10 the scope of his or her license. In the case of subcutaneous,  
11 intradermal and intramuscular and intravenous injections, a (~~health~~  
12 ~~care~~) medical assistant may perform such functions only under the  
13 supervision of a health care practitioner having authority, within the  
14 scope of his or her license, to order such procedures.

15 (b) The health care practitioner who ordered the procedure or a  
16 health care practitioner who could order the procedure under his or her  
17 license shall be physically present in the immediate area of a hospital  
18 or nursing home where the injection is administered. Sensitivity  
19 agents being administered intradermally or by the scratch method are  
20 excluded from this requirement.

21 (2) A (~~health-care~~) medical assistant trained by a federally  
22 approved end-stage renal disease facility may perform venipuncture for  
23 blood withdrawal, administration of oxygen as necessary by cannula or  
24 mask, venipuncture for placement of fistula needles, connect to  
25 vascular catheter for hemodialysis, intravenous administration of  
26 heparin and sodium chloride solutions as an integral part of dialysis  
27 treatment, and intradermal, subcutaneous, or topical administration of  
28 local anesthetics in conjunction with placement of fistula needles, and  
29 intraperitoneal administration of sterile electrolyte solutions and  
30 heparin for peritoneal dialysis: (a) In the center or health care  
31 facility if a registered nurse licensed under chapter 18.79 RCW is  
32 physically present and immediately available in such center or health  
33 care facility; or (b) in the patient's home if a physician and a  
34 registered nurse are available for consultation during the dialysis.

35 **Sec. 9.** RCW 18.135.070 and 1993 c 367 s 11 are each amended to  
36 read as follows:

1 The licensing authority of health care facilities or the  
2 disciplining authority of the delegating or supervising health care  
3 practitioner shall investigate all complaints or allegations of  
4 (~~violations of proper certification of a health care assistant or~~)  
5 violations of delegation of authority or supervision. A substantiated  
6 violation shall constitute sufficient cause for disciplinary action by  
7 the licensing authority of a health care facility or the disciplining  
8 authority of the health care practitioner.

9 **Sec. 10.** RCW 18.135.090 and 1984 c 281 s 9 are each amended to  
10 read as follows:

11 The performance of the functions authorized in this chapter by a  
12 (~~health-care~~) medical assistant pursuant to this chapter does not  
13 constitute unlicensed practice as a health care practitioner.

14 **Sec. 11.** RCW 18.135.110 and 2006 c 242 s 2 are each amended to  
15 read as follows:

16 This chapter does not prohibit or restrict the performance of  
17 blood-drawing procedures by (~~health-care~~) medical assistants in the  
18 residences of research study participants when such procedures have  
19 been authorized by the institutional review board of a comprehensive  
20 cancer center or nonprofit degree-granting institution of higher  
21 education and are conducted under the general supervision of a  
22 physician.

23 **Sec. 12.** RCW 18.135.120 and 2008 c 58 s 4 are each amended to read  
24 as follows:

25 The administration of vaccines by a (~~health-care~~) medical  
26 assistant is restricted to vaccines that are administered by injection,  
27 orally, or topically, including nasal administration, and that are  
28 licensed by the United States food and drug administration.

29 **Sec. 13.** RCW 18.120.020 and 2010 c 286 s 14 are each amended to  
30 read as follows:

31 The definitions in this section apply throughout this chapter  
32 unless the context clearly requires otherwise.

33 (1) "Applicant group" includes any health professional group or  
34 organization, any individual, or any other interested party which

1 proposes that any health professional group not presently regulated be  
2 regulated or which proposes to substantially increase the scope of  
3 practice of the profession.

4 (2) "Certificate" and "certification" mean a voluntary process by  
5 which a statutory regulatory entity grants recognition to an individual  
6 who (a) has met certain prerequisite qualifications specified by that  
7 regulatory entity, and (b) may assume or use "certified" in the title  
8 or designation to perform prescribed health professional tasks.

9 (3) "Grandfather clause" means a provision in a regulatory statute  
10 applicable to practitioners actively engaged in the regulated health  
11 profession prior to the effective date of the regulatory statute which  
12 exempts the practitioners from meeting the prerequisite qualifications  
13 set forth in the regulatory statute to perform prescribed occupational  
14 tasks.

15 (4) "Health professions" means and includes the following health  
16 and health-related licensed or regulated professions and occupations:  
17 Podiatric medicine and surgery under chapter 18.22 RCW; chiropractic  
18 under chapter 18.25 RCW; dental hygiene under chapter 18.29 RCW;  
19 dentistry under chapter 18.32 RCW; denturism under chapter 18.30 RCW;  
20 dispensing opticians under chapter 18.34 RCW; hearing instruments under  
21 chapter 18.35 RCW; naturopaths under chapter 18.36A RCW; embalming and  
22 funeral directing under chapter 18.39 RCW; midwifery under chapter  
23 18.50 RCW; nursing home administration under chapter 18.52 RCW;  
24 optometry under chapters 18.53 and 18.54 RCW; ocularists under chapter  
25 18.55 RCW; osteopathic medicine and surgery under chapters 18.57 and  
26 18.57A RCW; pharmacy under chapters 18.64 and 18.64A RCW; medicine  
27 under chapters 18.71 and 18.71A RCW; emergency medicine under chapter  
28 18.73 RCW; physical therapy under chapter 18.74 RCW; practical nurses  
29 under chapter 18.79 RCW; psychologists under chapter 18.83 RCW;  
30 registered nurses under chapter 18.79 RCW; occupational therapists  
31 licensed under chapter 18.59 RCW; respiratory care practitioners  
32 licensed under chapter 18.89 RCW; veterinarians and veterinary  
33 technicians under chapter 18.92 RCW; (~~health care~~) medical assistants  
34 under chapter 18.135 RCW; massage practitioners under chapter 18.108  
35 RCW; East Asian medicine practitioners licensed under chapter 18.06  
36 RCW; persons registered under chapter 18.19 RCW; persons licensed as  
37 mental health counselors, marriage and family therapists, and social  
38 workers under chapter 18.225 RCW; dietitians and nutritionists

1 certified by chapter 18.138 RCW; radiologic technicians under chapter  
2 18.84 RCW; and nursing assistants registered or certified under chapter  
3 18.88A RCW.

4 (5) "Inspection" means the periodic examination of practitioners by  
5 a state agency in order to ascertain whether the practitioners'  
6 occupation is being carried out in a fashion consistent with the public  
7 health, safety, and welfare.

8 (6) "Legislative committees of reference" means the standing  
9 legislative committees designated by the respective rules committees of  
10 the senate and house of representatives to consider proposed  
11 legislation to regulate health professions not previously regulated.

12 (7) "License," "licensing," and "licensure" mean permission to  
13 engage in a health profession which would otherwise be unlawful in the  
14 state in the absence of the permission. A license is granted to those  
15 individuals who meet prerequisite qualifications to perform prescribed  
16 health professional tasks and for the use of a particular title.

17 (8) "Professional license" means an individual, nontransferable  
18 authorization to carry on a health activity based on qualifications  
19 which include: (a) Graduation from an accredited or approved program,  
20 and (b) acceptable performance on a qualifying examination or series of  
21 examinations.

22 (9) "Practitioner" means an individual who (a) has achieved  
23 knowledge and skill by practice, and (b) is actively engaged in a  
24 specified health profession.

25 (10) "Public member" means an individual who is not, and never was,  
26 a member of the health profession being regulated or the spouse of a  
27 member, or an individual who does not have and never has had a material  
28 financial interest in either the rendering of the health professional  
29 service being regulated or an activity directly related to the  
30 profession being regulated.

31 (11) "Registration" means the formal notification which, prior to  
32 rendering services, a practitioner shall submit to a state agency  
33 setting forth the name and address of the practitioner; the location,  
34 nature and operation of the health activity to be practiced; and, if  
35 required by the regulatory entity, a description of the service to be  
36 provided.

37 (12) "Regulatory entity" means any board, commission, agency,

1 division, or other unit or subunit of state government which regulates  
2 one or more professions, occupations, industries, businesses, or other  
3 endeavors in this state.

4 (13) "State agency" includes every state office, department, board,  
5 commission, regulatory entity, and agency of the state, and, where  
6 provided by law, programs and activities involving less than the full  
7 responsibility of a state agency.

8 **Sec. 14.** RCW 18.130.040 and 2011 c 41 s 11 are each amended to  
9 read as follows:

10 (1) This chapter applies only to the secretary and the boards and  
11 commissions having jurisdiction in relation to the professions licensed  
12 under the chapters specified in this section. This chapter does not  
13 apply to any business or profession not licensed under the chapters  
14 specified in this section.

15 (2)(a) The secretary has authority under this chapter in relation  
16 to the following professions:

17 (i) Dispensing opticians licensed and designated apprentices under  
18 chapter 18.34 RCW;

19 (ii) Midwives licensed under chapter 18.50 RCW;

20 (iii) Ocularists licensed under chapter 18.55 RCW;

21 (iv) Massage operators and businesses licensed under chapter 18.108  
22 RCW;

23 (v) Dental hygienists licensed under chapter 18.29 RCW;

24 (vi) East Asian medicine practitioners licensed under chapter 18.06  
25 RCW;

26 (vii) Radiologic technologists certified and X-ray technicians  
27 registered under chapter 18.84 RCW;

28 (viii) Respiratory care practitioners licensed under chapter 18.89  
29 RCW;

30 (ix) Hypnotherapists and agency affiliated counselors registered  
31 and advisors and counselors certified under chapter 18.19 RCW;

32 (x) Persons licensed as mental health counselors, mental health  
33 counselor associates, marriage and family therapists, marriage and  
34 family therapist associates, social workers, social work associates--  
35 advanced, and social work associates--independent clinical under  
36 chapter 18.225 RCW;

1 (xi) Persons registered as nursing pool operators under chapter  
2 18.52C RCW;

3 (xii) Nursing assistants registered or certified under chapter  
4 18.88A RCW;

5 (xiii) (~~Health care~~) Medical assistants certified under chapter  
6 18.135 RCW;

7 (xiv) Dietitians and nutritionists certified under chapter 18.138  
8 RCW;

9 (xv) Chemical dependency professionals and chemical dependency  
10 professional trainees certified under chapter 18.205 RCW;

11 (xvi) Sex offender treatment providers and certified affiliate sex  
12 offender treatment providers certified under chapter 18.155 RCW;

13 (xvii) Persons licensed and certified under chapter 18.73 RCW or  
14 RCW 18.71.205;

15 (xviii) Denturists licensed under chapter 18.30 RCW;

16 (xix) Orthotists and prosthetists licensed under chapter 18.200  
17 RCW;

18 (xx) Surgical technologists registered under chapter 18.215 RCW;

19 (xxi) Recreational therapists (~~{under chapter 18.230 RCW}~~) under  
20 chapter 18.230 RCW;

21 (xxii) Animal massage practitioners certified under chapter 18.240  
22 RCW;

23 (xxiii) Athletic trainers licensed under chapter 18.250 RCW;

24 (xxiv) Home care aides certified under chapter 18.88B RCW; and

25 (xxv) Genetic counselors licensed under chapter 18.290 RCW.

26 (b) The boards and commissions having authority under this chapter  
27 are as follows:

28 (i) The podiatric medical board as established in chapter 18.22  
29 RCW;

30 (ii) The chiropractic quality assurance commission as established  
31 in chapter 18.25 RCW;

32 (iii) The dental quality assurance commission as established in  
33 chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW and  
34 licenses and registrations issued under chapter 18.260 RCW;

35 (iv) The board of hearing and speech as established in chapter  
36 18.35 RCW;

37 (v) The board of examiners for nursing home administrators as  
38 established in chapter 18.52 RCW;

1 (vi) The optometry board as established in chapter 18.54 RCW  
2 governing licenses issued under chapter 18.53 RCW;

3 (vii) The board of osteopathic medicine and surgery as established  
4 in chapter 18.57 RCW governing licenses issued under chapters 18.57 and  
5 18.57A RCW;

6 (viii) The board of pharmacy as established in chapter 18.64 RCW  
7 governing licenses issued under chapters 18.64 and 18.64A RCW;

8 (ix) The medical quality assurance commission as established in  
9 chapter 18.71 RCW governing licenses and registrations issued under  
10 chapters 18.71 and 18.71A RCW;

11 (x) The board of physical therapy as established in chapter 18.74  
12 RCW;

13 (xi) The board of occupational therapy practice as established in  
14 chapter 18.59 RCW;

15 (xii) The nursing care quality assurance commission as established  
16 in chapter 18.79 RCW governing licenses and registrations issued under  
17 that chapter;

18 (xiii) The examining board of psychology and its disciplinary  
19 committee as established in chapter 18.83 RCW;

20 (xiv) The veterinary board of governors as established in chapter  
21 18.92 RCW; and

22 (xv) The board of naturopathy established in chapter 18.36A RCW.

23 (3) In addition to the authority to discipline license holders, the  
24 disciplining authority has the authority to grant or deny licenses.  
25 The disciplining authority may also grant a license subject to  
26 conditions.

27 (4) All disciplining authorities shall adopt procedures to ensure  
28 substantially consistent application of this chapter, the Uniform  
29 Disciplinary Act, among the disciplining authorities listed in  
30 subsection (2) of this section.

31 **Sec. 15.** RCW 46.61.506 and 2010 c 53 s 1 are each amended to read  
32 as follows:

33 (1) Upon the trial of any civil or criminal action or proceeding  
34 arising out of acts alleged to have been committed by any person while  
35 driving or in actual physical control of a vehicle while under the  
36 influence of intoxicating liquor or any drug, if the person's alcohol

1 concentration is less than 0.08, it is evidence that may be considered  
2 with other competent evidence in determining whether the person was  
3 under the influence of intoxicating liquor or any drug.

4 (2) The breath analysis shall be based upon grams of alcohol per  
5 two hundred ten liters of breath. The foregoing provisions of this  
6 section shall not be construed as limiting the introduction of any  
7 other competent evidence bearing upon the question whether the person  
8 was under the influence of intoxicating liquor or any drug.

9 (3) Analysis of the person's blood or breath to be considered valid  
10 under the provisions of this section or RCW 46.61.502 or 46.61.504  
11 shall have been performed according to methods approved by the state  
12 toxicologist and by an individual possessing a valid permit issued by  
13 the state toxicologist for this purpose. The state toxicologist is  
14 directed to approve satisfactory techniques or methods, to supervise  
15 the examination of individuals to ascertain their qualifications and  
16 competence to conduct such analyses, and to issue permits which shall  
17 be subject to termination or revocation at the discretion of the state  
18 toxicologist.

19 (4)(a) A breath test performed by any instrument approved by the  
20 state toxicologist shall be admissible at trial or in an administrative  
21 proceeding if the prosecution or department produces prima facie  
22 evidence of the following:

23 (i) The person who performed the test was authorized to perform  
24 such test by the state toxicologist;

25 (ii) The person being tested did not vomit or have anything to eat,  
26 drink, or smoke for at least fifteen minutes prior to administration of  
27 the test;

28 (iii) The person being tested did not have any foreign substances,  
29 not to include dental work, fixed or removable, in his or her mouth at  
30 the beginning of the fifteen-minute observation period;

31 (iv) Prior to the start of the test, the temperature of any liquid  
32 simulator solution utilized as an external standard, as measured by a  
33 thermometer approved of by the state toxicologist was thirty-four  
34 degrees centigrade plus or minus 0.3 degrees centigrade;

35 (v) The internal standard test resulted in the message "verified";

36 (vi) The two breath samples agree to within plus or minus ten  
37 percent of their mean to be determined by the method approved by the  
38 state toxicologist;

1 (vii) The result of the test of the liquid simulator solution  
2 external standard or dry gas external standard result did lie between  
3 .072 to .088 inclusive; and

4 (viii) All blank tests gave results of .000.

5 (b) For purposes of this section, "prima facie evidence" is  
6 evidence of sufficient circumstances that would support a logical and  
7 reasonable inference of the facts sought to be proved. In assessing  
8 whether there is sufficient evidence of the foundational facts, the  
9 court or administrative tribunal is to assume the truth of the  
10 prosecution's or department's evidence and all reasonable inferences  
11 from it in a light most favorable to the prosecution or department.

12 (c) Nothing in this section shall be deemed to prevent the subject  
13 of the test from challenging the reliability or accuracy of the test,  
14 the reliability or functioning of the instrument, or any maintenance  
15 procedures. Such challenges, however, shall not preclude the  
16 admissibility of the test once the prosecution or department has made  
17 a prima facie showing of the requirements contained in (a) of this  
18 subsection. Instead, such challenges may be considered by the trier of  
19 fact in determining what weight to give to the test result.

20 (5) When a blood test is administered under the provisions of RCW  
21 46.20.308, the withdrawal of blood for the purpose of determining its  
22 alcoholic or drug content may be performed only by a physician, a  
23 registered nurse, a licensed practical nurse, a nursing assistant as  
24 defined in chapter 18.88A RCW, a physician assistant as defined in  
25 chapter 18.71A RCW, a first responder as defined in chapter 18.73 RCW,  
26 an emergency medical technician as defined in chapter 18.73 RCW, a  
27 (~~health-care~~) medical assistant as defined in chapter 18.135 RCW, or  
28 any technician trained in withdrawing blood. This limitation shall not  
29 apply to the taking of breath specimens.

30 (6) The person tested may have a physician, or a qualified  
31 technician, chemist, registered nurse, or other qualified person of his  
32 or her own choosing administer one or more tests in addition to any  
33 administered at the direction of a law enforcement officer. The test  
34 will be admissible if the person establishes the general acceptability  
35 of the testing technique or method. The failure or inability to obtain  
36 an additional test by a person shall not preclude the admission of  
37 evidence relating to the test or tests taken at the direction of a law  
38 enforcement officer.

1           (7) Upon the request of the person who shall submit to a test or  
2 tests at the request of a law enforcement officer, full information  
3 concerning the test or tests shall be made available to him or her or  
4 his or her attorney.

5           NEW SECTION.   **Sec. 16.** The following acts or parts of acts are  
6 each repealed:

7           (1) RCW 18.135.010 (Practices authorized) and 2009 c 43 s 2, 2008  
8 c 58 s 1, & 1984 c 281 s 1;

9           (2) RCW 18.135.025 (Rules--Legislative intent) and 1986 c 216 s 1;

10          (3) RCW 18.135.050 (Certification by health care facility or  
11 practitioner--Roster--Recertification) and 1996 c 191 s 82, 1991 c 3 s  
12 274, & 1984 c 281 s 5;

13          (4) RCW 18.135.055 (Registering an initial or continuing  
14 certification--Fees) and 1996 c 191 s 83, 1991 c 3 s 275, & 1985 c 117  
15 s 1; and

16          (5) RCW 18.135.062 (Renal dialysis training task force--Development  
17 of core competencies) and 2001 c 22 s 4.

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