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SENATE BILL 6283

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State of Washington                      63rd Legislature                      2014 Regular Session

By Senators Becker, Bailey, and Keiser

Read first time 01/20/14. Referred to Committee on Health Care .

1            AN ACT Relating to clarifying the practice of a phlebotomist; and  
2 amending RCW 18.360.050.

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

4            **Sec. 1.** RCW 18.360.050 and 2013 c 128 s 3 are each amended to read  
5 as follows:

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

8            (a) Fundamental procedures:

9            (i) Wrapping items for autoclaving;

10            (ii) Procedures for sterilizing equipment and instruments;

11            (iii) Disposing of biohazardous materials; and

12            (iv) Practicing standard precautions.

13            (b) Clinical procedures:

14            (i) Performing aseptic procedures in a setting other than a  
15 hospital licensed under chapter 70.41 RCW;

16            (ii) Preparing of and assisting in sterile procedures in a setting  
17 other than a hospital under chapter 70.41 RCW;

18            (iii) Taking vital signs;

19            (iv) Preparing patients for examination;

1 (v) Capillary blood withdrawal, venipuncture, and intradermal,  
2 subcutaneous, and intramuscular injections; and

3 (vi) Observing and reporting patients' signs or symptoms.

4 (c) Specimen collection:

5 (i) Capillary puncture and venipuncture;

6 (ii) Obtaining specimens for microbiological testing; and

7 (iii) Instructing patients in proper technique to collect urine and  
8 fecal specimens.

9 (d) Diagnostic testing:

10 (i) Electrocardiography;

11 (ii) Respiratory testing; and

12 (iii)(A) Tests waived under the federal clinical laboratory  
13 improvement amendments program on July 1, 2013. The department shall  
14 periodically update the tests authorized under this subsection (1)(d)  
15 based on changes made by the federal clinical laboratory improvement  
16 amendments program; and

17 (B) Moderate complexity tests if the medical assistant-certified  
18 meets standards for personnel qualifications and responsibilities in  
19 compliance with federal regulation for nonwaived testing.

20 (e) Patient care:

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

24 (ii) Obtaining vital signs;

25 (iii) Obtaining and recording patient history;

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

27 (v) Preparing patients for, and assisting with, routine and  
28 specialty examinations, procedures, treatments, and minor office  
29 surgeries;

30 (vi) Maintaining medication and immunization records; and

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

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

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

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

5 (C) Administered pursuant to a written order from a health care  
6 practitioner.

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

12 (g) Intravenous injections. A medical assistant-certified may  
13 administer intravenous injections for diagnostic or therapeutic agents  
14 under the direct visual supervision of a health care practitioner if  
15 the medical assistant-certified meets minimum standards established by  
16 the secretary in rule. The minimum standards must be substantially  
17 similar to the qualifications for category D and F health care  
18 assistants as they exist on July 1, 2013.

19 (h) Urethral catheterization when appropriately trained.

20 (2) A medical assistant-hemodialysis technician may perform  
21 hemodialysis when delegated and supervised by a health care  
22 practitioner. A medical assistant-hemodialysis technician may also  
23 administer drugs and oxygen to a patient when delegated and supervised  
24 by a health care practitioner and pursuant to rules adopted by the  
25 secretary.

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

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

30 (b) Tests waived under the federal clinical laboratory improvement  
31 amendments program on July 1, 2013. The department shall periodically  
32 update the tests authorized under subsection (1)(d) of this section  
33 based on changes made by the federal clinical laboratory improvement  
34 amendments program; and

35 (c) Moderate complexity tests if the medical assistant-certified  
36 meets standards for personnel qualifications and responsibilities in  
37 compliance with federal regulation for nonwaived testing.

1 (4) A medical assistant-registered may perform the following duties  
2 delegated by, and under the supervision of, a health care practitioner:  
3 (a) Fundamental procedures:  
4 (i) Wrapping items for autoclaving;  
5 (ii) Procedures for sterilizing equipment and instruments;  
6 (iii) Disposing of biohazardous materials; and  
7 (iv) Practicing standard precautions.  
8 (b) Clinical procedures:  
9 (i) Preparing for sterile procedures;  
10 (ii) Taking vital signs;  
11 (iii) Preparing patients for examination; and  
12 (iv) Observing and reporting patients' signs or symptoms.  
13 (c) Specimen collection:  
14 (i) Obtaining specimens for microbiological testing; and  
15 (ii) Instructing patients in proper technique to collect urine and  
16 fecal specimens.  
17 (d) Patient care:  
18 (i) Telephone and in-person screening limited to intake and  
19 gathering of information without requiring the exercise of judgment  
20 based on clinical knowledge;  
21 (ii) Obtaining vital signs;  
22 (iii) Obtaining and recording patient history;  
23 (iv) Preparing and maintaining examination and treatment areas;  
24 (v) Preparing patients for, and assisting with, routine and  
25 specialty examinations, procedures, treatments, and minor office  
26 surgeries utilizing no more than local anesthetic. The department may,  
27 by rule, prohibit duties authorized under this subsection (4)(d)(v) if  
28 performance of those duties by a medical assistant-registered would  
29 pose an unreasonable risk to patient safety;  
30 (vi) Maintaining medication and immunization records; and  
31 (vii) Screening and following up on test results as directed by a  
32 health care practitioner.  
33 (e)(i) Tests waived under the federal clinical laboratory  
34 improvement amendments program on July 1, 2013. The department shall  
35 periodically update the tests authorized under subsection (1)(d) of  
36 this section based on changes made by the federal clinical laboratory  
37 improvement amendments program.

1           (ii) Moderate complexity tests if the medical assistant-registered  
2 meets standards for personnel qualifications and responsibilities in  
3 compliance with federal regulation for nonwaived testing.

4           (f) Administering eye drops, topical ointments, and vaccines,  
5 including combination or multidose vaccines.

6           (g) Urethral catheterization when appropriately trained.

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