

HOUSE BILL REPORT

HB 2350

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to defining the administration of medication by medical assistants.

Brief Description: Defining the administration of medication by medical assistants.

Sponsors: Representatives Cody and Jinkins.

Brief History:

Committee Activity:

Health Care & Wellness: 1/15/16, 1/26/16 [DP].

Brief Summary of Bill

- Specifies that a medical assistant's ability to "administer" medication means both the retrieval and application of medication.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 14 members: Representatives Cody, Chair; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Johnson, Moeller, Robinson, Rodne, Short, Tharinger and Van De Wege.

Staff: Ellie Page (786-7291) and Jim Morishima (786-7191).

Background:

The Department of Health issues four variants of medical assistant credentials, including a medical assistant-certified, medical assistant-registered, medical assistant-phlebotomist, and medical assistant-hemodialysis technician. Each type of medical assistant may perform specified duties if delegated by, and under the supervision of, a health care practitioner.

Among other duties, a medical assistant-certified and medical assistant-registered may sterilize equipment, take vital signs, and maintain records. All credentialed medical assistants, excluding medical assistant-phlebotomists, may administer some medications. It

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is the responsibility of the health care practitioner to determine that the delegation of a task is appropriate and is not prohibited by law.

Summary of Bill:

A medical assistant's ability to "administer" medication encompasses both the retrieval and application of medication.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) The bill clarifies that medical assistants can retrieve what they are permitted to administer. The retrieval process involves the medical assistant going to a cabinet, unlocking it, and taking the medication that the physician instructed the medical assistant to retrieve. The bill codifies what medical assistants have been able to do in practice for years.

(Opposed) Selection of the medication is part of the retrieval process. The selection aspect is what is so dangerous due to the possibility of error. Most medical-assistant programs are one-year long and offer limited pharmacology training. While medical assistants are trained to fill a prescription, they are not trained to select it themselves. Many medications are labeled very similarly, but are different classifications which serve distinct functions, and someone who does not have a solid grounding in pharmacology is apt to make more mistakes in his or her selection of medication.

Persons Testifying: (In support) Representative Cody, prime sponsor; Susie Tracy, Washington State Medical Association; Kate Tudor, Washington Association Community Migrant Health Centers; and Jennifer Kreidler-Moss, Peninsula Community Health Services.

(Opposed) Jennifer McAusland and Heather Selby, Washington State Nurses Association.

Persons Signed In To Testify But Not Testifying: None.