

# SENATE BILL REPORT

## HB 2350

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As Reported by Senate Committee On:  
Health Care, February 25, 2016

**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:** Passed House: 2/16/16, 95-2.

**Committee Activity:** Health Care: 2/23/16, 2/25/16 [DP, DNP].

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### SENATE COMMITTEE ON HEALTH CARE

**Majority Report:** Do pass.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Cleveland, Ranking Minority Member; Angel, Bailey, Brown, Keiser, Parlette and Rivers.

**Minority Report:** Do not pass.

Signed by Senator Conway.

**Staff:** Evan Klein (786-7483)

**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 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.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony:** PRO: The medical assistant bill passed three or four years ago, and this bill cleans up the original bill. At that time, the belief was that medical assistants could administer some medications. The pharmacy board ruled that since the word retrieval was not in the original bill, that medical assistants cannot retrieve the medication that they can administer. If medical assistants are going to be allowed to administer medications, than they should be able to read a label and retrieve the drug. There has been no evidence of problems with the current practice. The problem with the pharmacy commission is most effecting the larger clinics that use centralized pharmacists to administer medications. This bill does not allow a Medical Assistant to go into a pharmacy. Medical Assistants are trained on how to recognize medications and read medication labels, as well as how to maintain patient safety in relation to the administration of medication. Medical assistants do not select what medication a patient gets, but merely select which medication they need to pick off the shelf.

CON: Patients trust nurses with their safety and their lives. Why jeopardize that trust or their safety for the purposes of expediency or budget constraints? Selecting medication requires a check and a double check. Bypassing this double check puts the patients at risk. The nurses association believes that this bill is dangerous. Pharmacology education varies drastically among accredited programs. Nurses have more pharmacology experience and training. There is a big difference between a registered medical assistant and a certified medical assistant. The type of clinic set up is a big concern as well. The concern isn't about a medical assistant picking up a plastic bag from the pharmacy, it is allowing medical assistants to select the medication. Providers have to be prepared to handle a patient if something goes wrong, which is the primary concern of a registered nurse. Removing safety checks puts a patient at risk. Every time a nurse gives a medication, they are wearing their critical thinking cap. Nurses are required to advocate for the safety of patients. The selection of medications by medical assistants is a practice outside of their scope.

**Persons Testifying:** PRO: Representative Cody, Prime Sponsor; Kate White Tudor, Washington Occupational Therapy Assoc.; Jennifer Kreidler-Moss, Peninsula Community Health Center; Justin Henderson, Washington State Society of Medical Assistants; Pat Hightower, Washington State Society of Medical Assistants.

CON: Sydne Brewer, WSNA; Tara Goode, Washington State Nurses Association; Hanna Welander, Washington State Nurses Association; Heather Stephen-Selby, Washington State Nurses Association; Janice Bussert, Washington State Nurses Association President; Mary Clogston, WSNA; Jennifer McCausland, Washington State Nurses Associaton; Lindsay Grad, SEIU 1199NW.

**Persons Signed In To Testify But Not Testifying:** No one.