

ESSB 5983 - H COMM AMD

By Committee on Health Care & Wellness

ADOPTED 02/27/2024

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** (1) The legislature recognizes
4 Washington's syphilis epidemic continues to grow, causing long-term
5 health consequences and deaths that are preventable. Between 2019 and
6 2021, the number of reported syphilis cases in Washington state
7 increased by 49 percent, while the number of cases of primary and
8 secondary syphilis, an early stage infection characterized by a high
9 risk of transmission, increased by 79 percent.

10 (2) In 2021, the legislature funded the sexually transmitted
11 infection and hepatitis B virus legislative advisory group which
12 produced policy recommendations in 2022 that included allowing
13 medical assistants with telehealth access to a supervising clinician
14 to provide intramuscular injections for syphilis treatment. It is the
15 intent of the legislature to increase access to syphilis treatment to
16 populations with high rates of syphilis and who are at the most risk
17 of serious health outcomes due to syphilis infection.

18 **Sec. 2.** RCW 18.360.010 and 2023 c 134 s 1 are each amended to
19 read as follows:

20 The definitions in this section apply throughout this chapter
21 unless the context clearly requires otherwise.

22 (1) "Administer" means the retrieval of medication, and its
23 application to a patient, as authorized in RCW 18.360.050.

24 (2) "Delegation" means direct authorization granted by a licensed
25 health care practitioner to a medical assistant to perform the
26 functions authorized in this chapter which fall within the scope of
27 practice of the health care provider and the training and experience
28 of the medical assistant.

29 (3) "Department" means the department of health.

1 (4) "Forensic phlebotomist" means a police officer, law
2 enforcement officer, or employee of a correctional facility or
3 detention facility, who is certified under this chapter and meets any
4 additional training and proficiency standards of his or her employer
5 to collect a venous blood sample for forensic testing pursuant to a
6 search warrant, a waiver of the warrant requirement, or exigent
7 circumstances.

8 (5) "Health care practitioner" means:

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

10 (b) An osteopathic physician and surgeon licensed under chapter
11 18.57 RCW; or

12 (c) Acting within the scope of their respective licensure, a
13 podiatric physician and surgeon licensed under chapter 18.22 RCW, a
14 registered nurse or advanced registered nurse practitioner licensed
15 under chapter 18.79 RCW, a naturopath licensed under chapter 18.36A
16 RCW, a physician assistant licensed under chapter 18.71A RCW, or an
17 optometrist licensed under chapter 18.53 RCW.

18 (6) "Medical assistant-certified" means a person certified under
19 RCW 18.360.040 who assists a health care practitioner with patient
20 care, executes administrative and clinical procedures, and performs
21 functions as provided in RCW 18.360.050 under the supervision of the
22 health care practitioner.

23 (7) "Medical assistant-hemodialysis technician" means a person
24 certified under RCW 18.360.040 who performs hemodialysis and other
25 functions pursuant to RCW 18.360.050 under the supervision of a
26 health care practitioner.

27 (8) "Medical assistant-phlebotomist" means a person certified
28 under RCW 18.360.040 who performs capillary, venous, and arterial
29 invasive procedures for blood withdrawal and other functions pursuant
30 to RCW 18.360.050 under the supervision of a health care
31 practitioner.

32 (9) "Medical assistant-registered" means a person registered
33 under RCW 18.360.040 who, pursuant to an endorsement by a health care
34 practitioner, clinic, or group practice, assists a health care
35 practitioner with patient care, executes administrative and clinical
36 procedures, and performs functions as provided in RCW 18.360.050
37 under the supervision of the health care practitioner.

38 (10) "Secretary" means the secretary of the department of health.

39 (11)(a) "Supervision" means supervision of procedures permitted
40 pursuant to this chapter by a health care practitioner who is

1 physically present and is immediately available in the facility,
2 except as provided in (b) and (c) of this subsection.

3 (b) The health care practitioner does not need to be present
4 during procedures to withdraw blood, administer vaccines, or obtain
5 specimens for or perform diagnostic testing, but must be immediately
6 available.

7 (c)(i) During a telemedicine visit, supervision over a medical
8 assistant assisting a health care practitioner with the telemedicine
9 visit may be provided through interactive audio and video
10 telemedicine technology.

11 (ii) When administering intramuscular injections for the purposes
12 of treating a known or suspected syphilis infection in accordance
13 with RCW 18.360.050, a medical assistant-certified or medical
14 assistant-registered may be supervised through interactive audio or
15 video telemedicine technology.

16 **Sec. 3.** RCW 18.360.050 and 2023 c 134 s 3 are each amended to
17 read as follows:

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

21 (a) Fundamental procedures:

22 (i) Wrapping items for autoclaving;

23 (ii) Procedures for sterilizing equipment and instruments;

24 (iii) Disposing of biohazardous materials; and

25 (iv) Practicing standard precautions.

26 (b) Clinical procedures:

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

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

31 (iii) Taking vital signs;

32 (iv) Preparing patients for examination;

33 (v) Capillary blood withdrawal, venipuncture, and intradermal,
34 subcutaneous, and intramuscular injections; and

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

36 (c) Specimen collection:

37 (i) Capillary puncture and venipuncture;

38 (ii) Obtaining specimens for microbiological testing; and

1 (iii) Instructing patients in proper technique to collect urine
2 and fecal specimens.

3 (d) Diagnostic testing:

4 (i) Electrocardiography;

5 (ii) Respiratory testing; and

6 (iii)(A) Tests waived under the federal clinical laboratory
7 improvement amendments program on July 1, 2013. The department shall
8 periodically update the tests authorized under this subsection (1)(d)
9 based on changes made by the federal clinical laboratory improvement
10 amendments program; and

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

14 (e) Patient care:

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

18 (ii) Obtaining vital signs;

19 (iii) Obtaining and recording patient history;

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

21 (v) Preparing patients for, and assisting with, routine and
22 specialty examinations, procedures, treatments, and minor office
23 surgeries;

24 (vi) Maintaining medication and immunization records; and

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

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

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

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

37 (C) Administered pursuant to a written order from a health care
38 practitioner.

39 (ii) A medical assistant-certified may not administer
40 experimental drugs or chemotherapy agents. The secretary may, by

1 rule, further limit the drugs that may be administered under this
2 subsection (1)(f). The rules adopted under this subsection must limit
3 the drugs based on risk, class, or route.

4 (iii) A medical assistant-certified may administer intramuscular
5 injections for the purposes of treating known or suspected syphilis
6 infection without immediate supervision if a health care practitioner
7 is providing supervision through interactive audio or video
8 telemedicine technology in accordance with RCW 18.360.010(11)(c)(ii).

9 (g) Intravenous injections. A medical assistant-certified may
10 establish intravenous lines for diagnostic or therapeutic purposes,
11 without administering medications, under the supervision of a health
12 care practitioner, and administer intravenous injections for
13 diagnostic or therapeutic agents under the direct visual supervision
14 of a health care practitioner if the medical assistant-certified
15 meets minimum standards established by the secretary in rule. The
16 minimum standards must be substantially similar to the qualifications
17 for category D and F health care assistants as they exist on July 1,
18 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
24 supervised by a health care practitioner and pursuant to rules
25 adopted by the 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
29 practitioner and pursuant to rules adopted by the secretary;

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

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

39 (d) Electrocardiograms.

1 (4) A medical assistant-registered may perform the following
2 duties delegated by, and under the supervision of, a health care
3 practitioner:

4 (a) Fundamental procedures:

5 (i) Wrapping items for autoclaving;

6 (ii) Procedures for sterilizing equipment and instruments;

7 (iii) Disposing of biohazardous materials; and

8 (iv) Practicing standard precautions.

9 (b) Clinical procedures:

10 (i) Preparing for sterile procedures;

11 (ii) Taking vital signs;

12 (iii) Preparing patients for examination; and

13 (iv) Observing and reporting patients' signs or symptoms.

14 (c) Specimen collection:

15 (i) Obtaining specimens for microbiological testing; and

16 (ii) Instructing patients in proper technique to collect urine
17 and fecal specimens.

18 (d) Patient care:

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

22 (ii) Obtaining vital signs;

23 (iii) Obtaining and recording patient history;

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

25 (v) Preparing patients for, and assisting with, routine and
26 specialty examinations, procedures, treatments, and minor office
27 surgeries, including those with minimal sedation. The department may,
28 by rule, prohibit duties authorized under this subsection (4)(d)(v)
29 if performance of those duties by a medical assistant-registered
30 would pose an unreasonable risk to patient safety;

31 (vi) Maintaining medication and immunization records; and

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

34 (e) Diagnostic testing and electrocardiography.

35 (f)(i) Tests waived under the federal clinical laboratory
36 improvement amendments program on July 1, 2013. The department shall
37 periodically update the tests authorized under subsection (1)(d) of
38 this section based on changes made by the federal clinical laboratory
39 improvement amendments program.

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

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

7 (h) Urethral catheterization when appropriately trained.

8 (i) Administering medications:

9 (i) A medical assistant-registered may only administer
10 medications if the drugs are:

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

15 (B) Limited to legend drugs, vaccines, and Schedule III through V
16 controlled substances as authorized by a health care practitioner
17 under the scope of his or her license and consistent with rules
18 adopted by the secretary under (i)(ii) of this subsection; and

19 (C) Administered pursuant to a written order from a health care
20 practitioner.

21 (ii) A medical assistant-registered may only administer
22 medication for intramuscular injections. A medical assistant-
23 registered may not administer experimental drugs or chemotherapy
24 agents. The secretary may, by rule, further limit the drugs that may
25 be administered under this subsection (4)(i). The rules adopted under
26 this subsection must limit the drugs based on risk, class, or route.

27 (j)(i) Intramuscular injections. A medical assistant-registered
28 may administer intramuscular injections for diagnostic or therapeutic
29 agents under the immediate supervision of a health care practitioner
30 if the medical assistant-registered meets minimum standards
31 established by the secretary in rule.

32 (ii) A medical assistant-registered may administer intramuscular
33 injections for the purposes of treating known or suspected syphilis
34 infection without immediate supervision if a health care practitioner
35 is providing supervision through interactive audio or video
36 telemedicine technology in accordance with RCW 18.360.010(11)(c)(ii).

37 NEW SECTION. **Sec. 4.** A new section is added to chapter 70.24
38 RCW to read as follows:

1 (1) Notwithstanding any other law, a health care provider who
2 diagnoses a case of sexually transmitted chlamydia, gonorrhea,
3 trichomoniasis, or other sexually transmitted infection, as
4 determined by the department or recommended in the most recent
5 federal centers for disease control and prevention guidelines for the
6 prevention or treatment of sexually transmitted diseases, in an
7 individual patient may prescribe, dispense, furnish, or otherwise
8 provide prescription antibiotic drugs to the individual patient's
9 sexual partner or partners without examination of that patient's
10 partner or partners or having an established provider and patient
11 relationship with the partner or partners. This practice shall be
12 known as expedited partner therapy.

13 (2) A health care provider may provide expedited partner therapy
14 as outlined in subsection (1) of this section if all the following
15 requirements are met:

16 (a) The patient has a confirmed laboratory test result, or direct
17 observation of clinical signs or assessment of clinical data by a
18 health care provider confirming the person has, or is likely to have,
19 a sexually transmitted infection;

20 (b) The patient indicates that the individual has a partner or
21 partners with whom the patient has engaged in sexual activity within
22 the 60-day period immediately before the diagnosis of a sexually
23 transmitted infection; and

24 (c) The patient indicates that the partner or partners of the
25 individual are unable or unlikely to seek clinical services in a
26 timely manner.

27 (3) A prescribing health care provider may prescribe, dispense,
28 furnish, or otherwise provide medication to the diagnosed patient as
29 outlined in subsection (1) of this section for the patient to deliver
30 to the exposed sexual partner or partners of the patient in order to
31 prevent reinfection in the diagnosed patient.

32 (4) If a health care provider does not have the name of a
33 patient's sexual partner for a drug prescribed under subsection (1)
34 of this section, the prescription shall include the words "expedited
35 partner therapy" or "EPT."

36 (5) A health care provider shall not be liable in a medical
37 malpractice action or professional disciplinary action if the health
38 care provider's use of expedited partner therapy is in compliance
39 with this section, except in cases of intentional misconduct, gross
40 negligence, or wanton or reckless activity.

1 (6) The department may adopt rules necessary to implement this
2 section.

3 (7) For the purpose of this section, "health care provider" means
4 a physician under chapter 18.71 RCW, an osteopathic physician or an
5 osteopathic physician and surgeon under chapter 18.57 RCW, or a
6 registered nurse, advanced registered nurse practitioner, or licensed
7 practical nurse under chapter 18.79 RCW.

8 NEW SECTION. **Sec. 5.** This act is necessary for the immediate
9 preservation of the public peace, health, or safety, or support of
10 the state government and its existing public institutions, and takes
11 effect immediately."

12 Correct the title.

EFFECT: Modifies the definition of "supervision" to establish that when administering intramuscular injections for the purposes of treating a syphilis infection, a medical assistant-certified or medical assistant-registered may be supervised through interactive audio or video telemedicine technology. Allows supervision of a medical assistant-certified or medical assistant-registered who is administering an intramuscular injection for the purposes of treating a syphilis infection to occur through audio-only telemedicine technology.

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