

# SENATE BILL REPORT

## SB 5983

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As Reported by Senate Committee On:  
Health & Long Term Care, January 23, 2024

**Title:** An act relating to allowing medical assistants with telehealth access to a supervising clinician to provide intramuscular injections for syphilis treatment in the field for public health response efforts.

**Brief Description:** Allowing medical assistants with telehealth supervision to provide intramuscular injections for syphilis treatment. [**Revised for 1st Substitute:** Implementing recommendations from the 2022 sexually transmitted infection and hepatitis B virus legislative advisory group for the treatment of syphilis.]

**Sponsors:** Senators Liias, Rivers, Dhingra, Nobles, Pedersen, Robinson and Van De Wege.

**Brief History:**

**Committee Activity:** Health & Long Term Care: 1/18/24, 1/23/24 [DPS].

### Brief Summary of First Substitute Bill

- Allows certified medical assistants and registered medical assistants to administer intramuscular injections for syphilis treatment under telehealth supervision.
- Codifies the practice of Expedited Partner Therapy (EPT) into statute, which allows providers with diagnostic and prescriptive authority to legally prescribe medication to treat partners with sexually transmitted infections without examining the exposed patient or having an established provider and patient relationship with the patient if certain requirements are met.
- Allows prescribing health care providers to prescribe, dispense, furnish, or otherwise provide medication to the diagnosed patient under EPT for the patient to deliver to the diagnosed patient's exposed sexual partner or partners.

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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 part of the legislation nor does it constitute a statement of legislative intent.*

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## SENATE COMMITTEE ON HEALTH & LONG TERM CARE

**Majority Report:** That Substitute Senate Bill No. 5983 be substituted therefor, and the substitute bill do pass.

Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Rivers, Ranking Member; Muzzall, Assistant Ranking Member; Conway, Dhingra, Holy, Padden, Randall and Van De Wege.

**Staff:** Julie Tran (786-7283)

**Background:** Medical Assistants. The Department of Health (DOH) licenses several different types of medical assistants (MAs) such as certified medical assistants (MA-C) and registered medical assistants (MA-R).

Expedited Partner Therapy. Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to the patient's partner without the health care provider first examining the partner. The federal Centers for Disease Control and Prevention (CDC) notes that EPT is a useful option to facilitate partner management although further evaluation is needed to define when and how EPT can be best utilized. The CDC also noted that provider-assisted referral is the optimal strategy for partner treatment, but it is not available to most patients with gonorrhea or chlamydial infection because of resource limitations.

Public Health in Washington State. Sexually Transmitted Infections (STIs) are the most commonly reported diseases in Washington State. Most people with STIs don't have obvious symptoms, but without treatment, they can spread disease and possibly develop serious complications. Between 2002 to 2021 Washington State has reported a high increase in STIs including chlamydia, gonorrhea, and syphilis. The number of STI cases has generally increased across most populations in the state.

Syphilis is an infection caused by bacteria and can be sexually transmitted or acquired before birth. The rate of infection for syphilis have increased greatly since 1996 when nine cases were reported. Recently, over 1000 primary and secondary cases of syphilis have been reported annually. There were 1488 primary and secondary cases of syphilis reported in 2021.

Sexually Transmitted Infections and Hepatitis B Virus Legislative Advisory Group. In 2021 the Legislature directed the Department of Health (DOH) to convene the STI & Hepatitis B Virus (HBV) Legislative Advisory Group (Workgroup) to make recommendations concerning funding and policy initiatives to address the spread of STI in Washington.

The Workgroup submitted a report in 2022 to the Legislature with a series of recommendations, which includes allowing MAs with telehealth access to a supervising

clinician to provide intramuscular injections in the field and clarifying the legal status of EPT, including a hold harmless clause for prescribing physicians.

**Summary of Bill:** The bill as referred to committee not considered.

**Summary of Bill (First Substitute):** Medical Assistants MA-Cs and MA-Rs may administer intramuscular injections for the purpose of treating known or suspected syphilis infection without immediate supervision if a health care practitioner is providing supervision through interactive audio and video telemedicine technology.

Expedited Partner Therapy. The practice of EPT is codified in statute. A health care provider who diagnoses a case of STIs in an individual patient, may prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to the individual patient's sexual partner or partners without an examination of that patient's partner or partners or having an established provider and patient relationship with the partner or partners.

The STIs include chlamydia, gonorrhea, trichomoniasis, or other sexually transmitted infection, as determined by DOH or recommended by the CDC guidelines for the prevention or treatment of sexually transmitted diseases.

A health care provider may provide EPT if all the following requirements are met:

- a patient has a confirmed lab test result or direct observation of clinical signs or assessment of clinical data by a health care provider confirming the person has, or is likely to have a STI;
- the patient indicates that the individual has a partner or partners with whom the patient has engaged in sexual activity within the 60-day period immediately before the STI diagnosis; and
- the patient indicates that the individual's partner or partners are unable or unlikely to seek clinical services in a timely manner.

A health care provider for the purposes of practicing under EPT includes physicians, osteopathic physicians and surgeons, registered nurses, advanced registered nurse practitioners, and licensed practical nurses.

Under EPT a prescribing health care provider may prescribe, dispense, furnish, or otherwise provide medication to the diagnosed patient for the patient to deliver to the patient's exposed sexual partner or partners to prevent the diagnosed patient from being re-infected.

If a health care provider does not have the name of the patient's sexual partner for the prescribed drug, the prescription must include the words: "Expedited Partner Therapy" or "EPT."

A health care provider shall not be liable in a medical malpractice action or professional disciplinary action if the health care provider's use of EPT is in compliance with the

regulations for EPT, with exception for cases of intentional misconduct, gross negligence, or wanton or reckless activity.

**EFFECT OF CHANGES MADE BY HEALTH & LONG TERM CARE COMMITTEE (First Substitute):**

- Allows a certified medical assistant to administer intramuscular injections for the purposes of treating known or suspected syphilis infection without immediate supervision if a health care practitioner is providing supervision through interactive audio and video telemedicine technology.
- Removes the requirement that a local health officer or Department of Health must grant the temporary authority for registered medical assistants to treat known or suspected syphilis infection if certain conditions are met.
- Removes references to the local health officer and to the process for determining when to grant the temporary authority.
- Corrects internal references in the bill and makes a technical correction to the title.

**Appropriation:** None.

**Fiscal Note:** Available.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

**Effective Date:** The bill contains an emergency clause and takes effect immediately.

**Staff Summary of Public Testimony on Proposed Substitute:** *The committee recommended a different version of the bill than what was heard.* PRO: Our state has seen a significant rise in the prevalence of STIs and there are concerns about the increase in syphilis cases. This bill is a critical step in increasing access to preventative medicine and protecting some of the most vulnerable individuals from developing serious and lifelong health problems because these are entirely preventable infections. Many people don't receive timely treatment during pregnancy and pregnant people can pass the syphilis infection on to their newborn infants. Due to the nature of how syphilis presents, the pregnant parent may not even realize that they carry the infection when they're giving birth. Congenital syphilis can be life threatening and dangerous and have long lasting consequences for the newborn infants. It is essential that testing and treatment care is accessible and widely available. This bill allows staff to treat people outside of clinics when there is no alternative and then they can do this procedure safely, which just adds one more tool to the toolkit. The policy in this bill isn't intended to be an expansion of the scope of practice for medical assistants but rather a response to public health threat. There are amendment requests to simplify the bill by allowing certified MAs to be able to administer intramuscular injections for the purposes of treating known or suspected syphilis infection under telehealth supervision and removing provisions related to granting temporary authority.

**Persons Testifying:** PRO: Senator Marko Lias, Prime Sponsor; Jaime Bodden, WSALPHO; Dr. James Lewis, Snohomish County Health Department; Dr. Matthew Golden, Public Health Seattle King County; Dr. Alan Melnick, Clark County Public Health; Dr. Scott Lindquist, WA State Department of Health; Heather Hill, Benton-Franklin Health District; Patty Hayes, WA State Board of Health.

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