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ENGROSSED SUBSTITUTE SENATE BILL 5983

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State of Washington

68th Legislature

2024 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Llias, Rivers, Dhingra, Nobles, Pedersen, Robinson, and Van De Wege)

READ FIRST TIME 01/24/24.

1 AN ACT Relating to implementing recommendations from the 2022  
2 sexually transmitted infection and hepatitis B virus legislative  
3 advisory group for the treatment of syphilis; amending RCW  
4 18.360.050; adding a new section to chapter 70.24 RCW; creating a new  
5 section; and declaring an emergency.

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

7 NEW SECTION. **Sec. 1.** (1) The legislature recognizes  
8 Washington's syphilis epidemic continues to grow, causing long-term  
9 health consequences and deaths that are preventable. Between 2019 and  
10 2021, the number of reported syphilis cases in Washington state  
11 increased by 49 percent, while the number of cases of primary and  
12 secondary syphilis, an early stage infection characterized by a high  
13 risk of transmission, increased by 79 percent.

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

1       **Sec. 2.** RCW 18.360.050 and 2023 c 134 s 3 are each amended to  
2 read as follows:

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

6       (a) Fundamental procedures:

7       (i) Wrapping items for autoclaving;

8       (ii) Procedures for sterilizing equipment and instruments;

9       (iii) Disposing of biohazardous materials; and

10       (iv) Practicing standard precautions.

11       (b) Clinical procedures:

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

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

16       (iii) Taking vital signs;

17       (iv) Preparing patients for examination;

18       (v) Capillary blood withdrawal, venipuncture, and intradermal,  
19 subcutaneous, and intramuscular injections; and

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

21       (c) Specimen collection:

22       (i) Capillary puncture and venipuncture;

23       (ii) Obtaining specimens for microbiological testing; and

24       (iii) Instructing patients in proper technique to collect urine  
25 and fecal specimens.

26       (d) Diagnostic testing:

27       (i) Electrocardiography;

28       (ii) Respiratory testing; and

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

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

37       (e) Patient care:

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

- 1 (ii) Obtaining vital signs;  
2 (iii) Obtaining and recording patient history;  
3 (iv) Preparing and maintaining examination and treatment areas;  
4 (v) Preparing patients for, and assisting with, routine and  
5 specialty examinations, procedures, treatments, and minor office  
6 surgeries;  
7 (vi) Maintaining medication and immunization records; and  
8 (vii) Screening and following up on test results as directed by a  
9 health care practitioner.

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

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

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

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

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

27 (iii) A medical assistant-certified may administer intramuscular  
28 injections for the purposes of treating known or suspected syphilis  
29 infection without immediate supervision if a health care practitioner  
30 is providing supervision through interactive audio and video  
31 telemedicine technology in accordance with RCW 18.360.010(11)(c).

32 (g) Intravenous injections. A medical assistant-certified may  
33 establish intravenous lines for diagnostic or therapeutic purposes,  
34 without administering medications, under the supervision of a health  
35 care practitioner, and administer intravenous injections for  
36 diagnostic or therapeutic agents under the direct visual supervision  
37 of a health care practitioner if the medical assistant-certified  
38 meets minimum standards established by the secretary in rule. The  
39 minimum standards must be substantially similar to the qualifications

1 for category D and F health care assistants as they exist on July 1,  
2 2013.

3 (h) Urethral catheterization when appropriately trained.

4 (2) A medical assistant-hemodialysis technician may perform  
5 hemodialysis when delegated and supervised by a health care  
6 practitioner. A medical assistant-hemodialysis technician may also  
7 administer drugs and oxygen to a patient when delegated and  
8 supervised by a health care practitioner and pursuant to rules  
9 adopted by the secretary.

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

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

14 (b) Tests waived under the federal clinical laboratory  
15 improvement amendments program on July 1, 2013. The department shall  
16 periodically update the tests authorized under this section based on  
17 changes made by the federal clinical laboratory improvement  
18 amendments program;

19 (c) Moderate and high complexity tests if the medical assistant-  
20 phlebotomist meets standards for personnel qualifications and  
21 responsibilities in compliance with federal regulation for nonwaived  
22 testing; and

23 (d) Electrocardiograms.

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

27 (a) Fundamental procedures:

28 (i) Wrapping items for autoclaving;

29 (ii) Procedures for sterilizing equipment and instruments;

30 (iii) Disposing of biohazardous materials; and

31 (iv) Practicing standard precautions.

32 (b) Clinical procedures:

33 (i) Preparing for sterile procedures;

34 (ii) Taking vital signs;

35 (iii) Preparing patients for examination; and

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

37 (c) Specimen collection:

38 (i) Obtaining specimens for microbiological testing; and

39 (ii) Instructing patients in proper technique to collect urine  
40 and fecal specimens.

1 (d) Patient care:

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

5 (ii) Obtaining vital signs;

6 (iii) Obtaining and recording patient history;

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

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

14 (vi) Maintaining medication and immunization records; and

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

17 (e) Diagnostic testing and electrocardiography.

18 (f)(i) Tests waived under the federal clinical laboratory  
19 improvement amendments program on July 1, 2013. The department shall  
20 periodically update the tests authorized under subsection (1)(d) of  
21 this section based on changes made by the federal clinical laboratory  
22 improvement amendments program.

23 (ii) Moderate complexity tests if the medical assistant-  
24 registered meets standards for personnel qualifications and  
25 responsibilities in compliance with federal regulation for nonwaived  
26 testing.

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

29 (h) Urethral catheterization when appropriately trained.

30 (i) Administering medications:

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

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

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

1 (C) Administered pursuant to a written order from a health care  
2 practitioner.

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

9 (j)(i) Intramuscular injections. A medical assistant-registered  
10 may administer intramuscular injections for diagnostic or therapeutic  
11 agents under the immediate supervision of a health care practitioner  
12 if the medical assistant-registered meets minimum standards  
13 established by the secretary in rule.

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

19 NEW SECTION. **Sec. 3.** A new section is added to chapter 70.24  
20 RCW to read as follows:

21 (1) Notwithstanding any other law, a health care provider who  
22 diagnoses a case of sexually transmitted chlamydia, gonorrhea,  
23 trichomoniasis, or other sexually transmitted infection, as  
24 determined by the department or recommended in the most recent  
25 federal centers for disease control and prevention guidelines for the  
26 prevention or treatment of sexually transmitted diseases, in an  
27 individual patient may prescribe, dispense, furnish, or otherwise  
28 provide prescription antibiotic drugs to the individual patient's  
29 sexual partner or partners without examination of that patient's  
30 partner or partners or having an established provider and patient  
31 relationship with the partner or partners. This practice shall be  
32 known as expedited partner therapy.

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

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

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

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

8 (3) A prescribing health care provider may prescribe, dispense,  
9 furnish, or otherwise provide medication to the diagnosed patient as  
10 outlined in subsection (1) of this section for the patient to deliver  
11 to the exposed sexual partner or partners of the patient in order to  
12 prevent reinfection in the diagnosed patient.

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

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

22 (6) The department may adopt rules necessary to implement this  
23 section.

24 (7) For the purpose of this section, "health care provider" means  
25 a physician under chapter 18.71 RCW, an osteopathic physician or an  
26 osteopathic physician and surgeon under chapter 18.57 RCW, or a  
27 registered nurse, advanced registered nurse practitioner, or licensed  
28 practical nurse under chapter 18.79 RCW.

29 NEW SECTION. **Sec. 4.** This act is necessary for the immediate  
30 preservation of the public peace, health, or safety, or support of  
31 the state government and its existing public institutions, and takes  
32 effect immediately.

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