S-1151.1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SENATE BILL 5657**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State of Washington 69th Legislature 2025 Regular Session**

**By** Senators Harris and Dozier

AN ACT Relating to authorizing certain health professions to act as physician substitutes for plasma source donation centers; amending RCW 18.360.040; and reenacting and amending RCW 18.360.050.

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

**Sec.**  RCW 18.360.040 and 2024 c 217 s 4 are each amended to read as follows:

(1)(a) The secretary shall issue a certification as a medical assistant-certified to any person who has satisfactorily completed a medical assistant training program approved by the secretary, passed an examination approved by the secretary, and met any additional qualifications established under RCW 18.360.030.

(b) The secretary shall issue an interim certification to any person who has met all of the qualifications in (a) of this subsection, except for the passage of the examination. A person holding an interim permit possesses the full scope of practice of a medical assistant-certified. The interim permit expires upon passage of the examination and issuance of a certification, or after one year, whichever occurs first, and may not be renewed.

(2)(a) The secretary shall issue a certification as a medical assistant-hemodialysis technician to any person who meets the qualifications for a medical assistant-hemodialysis technician established under RCW 18.360.030.

(b) In order to allow sufficient time for the processing of a medical assistant-hemodialysis technician certification, applicants for that credential who have completed their training program are allowed to continue to work at dialysis facilities, under the level of supervision required for the training program, for a period of up to 180 days after filing their application, to facilitate patient continuity of care.

(3)(a) The secretary shall issue a certification as a medical assistant-phlebotomist to any person who meets the qualifications for a medical assistant-phlebotomist established under RCW 18.360.030.

(b) In order to allow sufficient time for the processing of a medical assistant-phlebotomist certification, applicants for that credential who have completed their training program are allowed to work, under the level of supervision required for the training program, for a period of up to 180 days after filing their application, to facilitate access to services.

(4) The secretary shall issue a certification as a medical assistant-EMT to any person who meets the qualifications for a medical assistant-EMT established under RCW 18.360.030.

(5) The secretary shall issue a certification as a forensic phlebotomist to any person who meets the qualifications for a forensic phlebotomist established under RCW 18.360.030.

(6)(a) The secretary shall issue a registration as a medical assistant-registered to any person who has a current endorsement from a health care practitioner, clinic, or group practice.

(b) In order to be endorsed under this subsection (6), a person must:

(i) Be endorsed by a health care practitioner, clinic, or group practice that meets the qualifications established under RCW 18.360.030; and

(ii) Have a current attestation of his or her endorsement to perform specific medical tasks signed by a supervising health care practitioner filed with the department. A medical assistant-registered may only perform the medical tasks listed in his or her current attestation of endorsement.

(c) A registration based on an endorsement by a health care practitioner, clinic, or group practice is not transferable to another health care practitioner, clinic, or group practice.

(d) An applicant for registration as a medical assistant-registered who applies to the department within seven days of employment by the endorsing health care practitioner, clinic, or group practice may work as a medical assistant-registered for up to sixty days while the application is processed. The applicant must stop working on the sixtieth day of employment if the registration has not been granted for any reason.

(7) A certification issued under subsections (1) through (3) of this section is transferable between different practice settings. A certification under subsection (4) of this section is transferable only between hospitals licensed under chapter 70.41 RCW and source plasma donation centers. A certification under subsection (5) of this section is transferable between law enforcement agencies.

**Sec.**  RCW 18.360.050 and 2024 c 248 s 3 and 2024 c 217 s 5 are each reenacted and amended to read as follows:

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

(a) Fundamental procedures:

(i) Wrapping items for autoclaving;

(ii) Procedures for sterilizing equipment and instruments;

(iii) Disposing of biohazardous materials; and

(iv) Practicing standard precautions.

(b) Clinical procedures:

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

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

(iii) Taking vital signs;

(iv) Preparing patients for examination;

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

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

(c) Specimen collection:

(i) Capillary puncture and venipuncture;

(ii) Obtaining specimens for microbiological testing; and

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

(d) Diagnostic testing:

(i) Electrocardiography;

(ii) Respiratory testing; and

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

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

(e) Patient care:

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

(ii) Obtaining vital signs;

(iii) Obtaining and recording patient history;

(iv) Preparing and maintaining examination and treatment areas;

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

(vi) Maintaining medication and immunization records; and

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

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

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

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

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

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

(iii) A medical assistant-certified may 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 or video telemedicine technology in accordance with RCW 18.360.010((~~(11)~~)) (12)(c)(ii).

(g) Intravenous injections. A medical assistant-certified may establish intravenous lines for diagnostic or therapeutic purposes, without administering medications, under the supervision of a health care practitioner, and administer intravenous injections for diagnostic or therapeutic agents under the direct visual supervision of a health care practitioner if the medical assistant-certified meets minimum standards established by the secretary in rule. The minimum standards must be substantially similar to the qualifications for category D and F health care assistants as they exist on July 1, 2013.

(h) Urethral catheterization when appropriately trained.

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

(3) A medical assistant-phlebotomist may perform:

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

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

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

(d) Electrocardiograms.

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

(a) Fundamental procedures:

(i) Wrapping items for autoclaving;

(ii) Procedures for sterilizing equipment and instruments;

(iii) Disposing of biohazardous materials; and

(iv) Practicing standard precautions.

(b) Clinical procedures:

(i) Preparing for sterile procedures;

(ii) Taking vital signs;

(iii) Preparing patients for examination; and

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

(c) Specimen collection:

(i) Obtaining specimens for microbiological testing; and

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

(d) Patient care:

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

(ii) Obtaining vital signs;

(iii) Obtaining and recording patient history;

(iv) Preparing and maintaining examination and treatment areas;

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

(vi) Maintaining medication and immunization records; and

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

(e) Diagnostic testing and electrocardiography.

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

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

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

(h) Urethral catheterization when appropriately trained.

(i) Administering medications:

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

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

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

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

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

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

(ii) A medical assistant-registered may 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 or video telemedicine technology in accordance with RCW 18.360.010((~~(11)~~)) (12)(c)(ii).

(5)(a) A medical assistant-EMT may perform the following duties delegated by, and under the supervision of, a health care practitioner if the duties are within the scope, training, and endorsements of the medical assistant-EMT's emergency medical technician, advanced emergency medical technician, or paramedic certification:

(i) Fundamental procedures:

(A) Disposing of biohazardous materials; and

(B) Practicing standard precautions;

(ii) Clinical procedures:

(A) Taking vital signs;

(B) Preparing patients for examination;

(C) Observing and reporting patients' signs or symptoms;

(D) Simple eye irrigation;

(E) Hemorrhage control with direct pressure or hemostatic gauze;

(F) Spinal and extremity motion restriction and immobilization;

(G) Oxygen administration;

(H) Airway maintenance, stabilization, and suctioning;

(I) Cardiopulmonary resuscitation; and

(J) Use of automated external defibrillators and semiautomated external defibrillators;

(iii) Specimen collection:

(A) Capillary puncture and venipuncture; and

(B) Instructing patients in proper technique to collect urine and fecal specimens;

(iv) Diagnostic testing:

(A) Electrocardiography; and

(B) Respiratory testing, including nasopharyngeal swabbing for COVID-19;

(v) Patient care:

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

(B) Obtaining vital signs;

(C) Obtaining and recording patient history; and

(D) Preparing and maintaining examination and treatment areas;

(vi) Administering medications: A medical assistant-EMT may only administer medications if the drugs are:

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

(B) Limited to vaccines, opioid antagonists, and oral glucose, as authorized by a health care practitioner under the scope of his or her license and consistent with rules adopted by the secretary under (b) of this subsection; and

(C) Administered pursuant to a written order from a health care practitioner; ((~~and~~))

(vii) Establishing intravenous lines: A medical assistant-EMT may establish intravenous lines for diagnostic or therapeutic purposes, without administering medications, and remove intravenous lines under the supervision of a health care practitioner; and

(viii) Performing the duties of a physician substitute in a plasma source donation center as authorized in 21 C.F.R. Sec. 630.5.

(b) The secretary may, by rule, further limit the drugs that may be administered under this subsection. The rules adopted under this subsection must limit the drugs based on risk, class, or route.

**--- END ---**