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**SUBSTITUTE HOUSE BILL 1784**

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

**By** House Health Care & Wellness (originally sponsored by Representatives Marshall, Simmons, Parshley, and Schmidt)

READ FIRST TIME 02/21/25.

1            AN ACT Relating to certified medical assistants; amending RCW  
2 18.360.060; reenacting and amending RCW 18.360.050 and 18.360.010;  
3 and adding a new section to chapter 18.360 RCW.

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

5            **Sec. 1.** RCW 18.360.050 and 2024 c 248 s 3 and 2024 c 217 s 5 are  
6 each reenacted and amended to read as follows:

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

10            (a) Fundamental procedures:

11            (i) Wrapping items for autoclaving;

12            (ii) Procedures for sterilizing equipment and instruments;

13            (iii) Disposing of biohazardous materials; and

14            (iv) Practicing standard precautions.

15            (b) Clinical procedures:

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

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

20            (iii) Taking vital signs;

21            (iv) Preparing patients for examination;

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

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

4 (c) Specimen collection:

5 (i) Capillary puncture and venipuncture;

6 (ii) Obtaining specimens for microbiological testing; and

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

9 (d) Diagnostic testing:

10 (i) Electrocardiography;

11 (ii) Respiratory testing; and

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

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

20 (e) Patient care:

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

24 (ii) Obtaining vital signs;

25 (iii) Obtaining and recording patient history;

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

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

30 (vi) Maintaining medication and immunization records; and

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

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

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

39 (B) Limited to legend drugs, vaccines, and Schedule III-V  
40 controlled substances as authorized by a health care practitioner

1 under the scope of his or her license and consistent with rules  
2 adopted by the secretary under (f)(ii) of this subsection; and

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

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

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

16 (g) Intravenous injections. A medical assistant-certified may  
17 establish intravenous lines for diagnostic or therapeutic purposes,  
18 without administering medications, under the supervision of a health  
19 care practitioner, and administer intravenous injections for  
20 diagnostic or therapeutic agents under the direct visual supervision  
21 of a health care practitioner if the medical assistant-certified  
22 meets minimum standards established by the secretary in rule. The  
23 minimum standards must be substantially similar to the qualifications  
24 for category D and F health care assistants as they exist on July 1,  
25 2013.

26 (h) Urethral catheterization when appropriately trained.

27 (i) Enter and activate orders for health care services, as  
28 delegated by a supervising health care practitioner in accordance  
29 with section 2 of this act.

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

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

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

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

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

10 (d) Electrocardiograms.

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

14 (a) Fundamental procedures:

15 (i) Wrapping items for autoclaving;

16 (ii) Procedures for sterilizing equipment and instruments;

17 (iii) Disposing of biohazardous materials; and

18 (iv) Practicing standard precautions.

19 (b) Clinical procedures:

20 (i) Preparing for sterile procedures;

21 (ii) Taking vital signs;

22 (iii) Preparing patients for examination; and

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

24 (c) Specimen collection:

25 (i) Obtaining specimens for microbiological testing; and

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

28 (d) Patient care:

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

32 (ii) Obtaining vital signs;

33 (iii) Obtaining and recording patient history;

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

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

1 (vi) Maintaining medication and immunization records; and  
2 (vii) Screening and following up on test results as directed by a  
3 health care practitioner.

4 (e) Diagnostic testing and electrocardiography.

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

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

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

16 (h) Urethral catheterization when appropriately trained.

17 (i) Administering medications:

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

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

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

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

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

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

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

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

13 (i) Fundamental procedures:

14 (A) Disposing of biohazardous materials; and

15 (B) Practicing standard precautions;

16 (ii) Clinical procedures:

17 (A) Taking vital signs;

18 (B) Preparing patients for examination;

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

20 (D) Simple eye irrigation;

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

22 (F) Spinal and extremity motion restriction and immobilization;

23 (G) Oxygen administration;

24 (H) Airway maintenance, stabilization, and suctioning;

25 (I) Cardiopulmonary resuscitation; and

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

28 (iii) Specimen collection:

29 (A) Capillary puncture and venipuncture; and

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

32 (iv) Diagnostic testing:

33 (A) Electrocardiography; and

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

36 (v) Patient care:

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

40 (B) Obtaining vital signs;

1 (C) Obtaining and recording patient history; and

2 (D) Preparing and maintaining examination and treatment areas;

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

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

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

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

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

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

22 NEW SECTION. **Sec. 2.** A new section is added to chapter 18.360  
23 RCW to read as follows:

24 (1) A medical assistant-certified may enter an order for health  
25 care services into an entry-order system and activate such order if:

26 (a) There is a standing written protocol that authorizes  
27 designated medical assistants-certified to enter and activate an  
28 order for certain health care services, and the protocol:

29 (i) Details the clinical criteria that would initiate an order;  
30 and

31 (ii) Is reviewed and revised annually, or more frequently as  
32 needed;

33 (b) The standing written protocol authorizes the medical  
34 assistant-certified to enter and activate orders for the following:

35 (i) Routine adult immunizations that do not require clinical  
36 judgment;

37 (ii) Routine screening tests, such as mammograms, fecal occult  
38 stool cards, and bone density scans;

1 (iii) Routine labs for chronic disease monitoring, such as  
2 diabetes, hypertension, and hypothyroidism;

3 (iv) Routine diagnostic imaging tests, such as x-ray, magnetic  
4 resonance imaging, computed tomography, and ultrasound;

5 (v) Therapeutic procedures, such as osteoporosis treatment,  
6 nebulizer treatments, and cryotherapy;

7 (vi) Procedure and surgical treatment orders, including minor in-  
8 office procedures, such as wound closure, lesion excision, joint  
9 injections, and aspirations, as well as orders for surgical  
10 interventions and other operative procedures as medically indicated;

11 (vii) Point of care tests and tests waived under the federal  
12 clinical laboratory improvement amendments program, as included in  
13 the authorized duties of a medical assistant-certified under RCW  
14 18.360.050, such as rapid strep, urinalysis, pregnancy, and blood  
15 glucose monitoring;

16 (viii) Routine medication refills that have no changes in dosage  
17 or frequency;

18 (ix) Referrals;

19 (x) Perioperative order sets including referrals, labs, new  
20 medications, durable medical equipment, and radiologic exams; and

21 (xi) Supportive devices and therapeutic applications, such as  
22 durable medical equipment, including glucometers, walkers, shower  
23 chairs, continuous positive airway pressure machines, and the  
24 application or removal of splints and casts;

25 (c) The medical assistant-certified has completed training  
26 regarding order-entry systems as specified in subsection (2) of this  
27 section;

28 (d) The delegated order is in compliance with RCW 18.360.060; and

29 (e) The order is not a prescription for a controlled substance,  
30 as defined in RCW 69.50.101. If the order is for a prescription for a  
31 controlled substance, the medical assistant-certified may enter, but  
32 not activate, the order.

33 (2) (a) A medical assistant-certified may only enter and activate  
34 orders in accordance with this section if the medical assistant-  
35 certified has received training from a supervising health care  
36 practitioner regarding order-entry systems. The training must take  
37 place annually and must cover the scope of permitted tasks, when to  
38 obtain clarification from a supervising health care practitioner, and  
39 compliance with regulatory requirements.



1 (b) The employer of a medical assistant-certified must maintain  
2 records regarding participation in annual order-entry training.

3 (3) Upon department request, including during any on-site  
4 facility surveys conducted by the department, an employer of a  
5 medical assistant-certified must provide documentation to the  
6 department demonstrating compliance with the training and  
7 countersignature requirements of this section.

8 (4) The department may adopt rules to implement this section.

9 **Sec. 3.** RCW 18.360.060 and 2013 c 128 s 4 are each amended to  
10 read as follows:

11 (1) Prior to delegation of any of the functions in RCW  
12 18.360.050, a health care practitioner shall determine to the best of  
13 his or her ability each of the following:

14 (a) That the task is within that health care practitioner's scope  
15 of licensure or authority;

16 (b) That the task is indicated for the patient;

17 (c) The appropriate level of supervision;

18 (d) That no law prohibits the delegation;

19 (e) That the person to whom the task will be delegated is  
20 competent to perform that task; and

21 (f) That the task itself is one that should be appropriately  
22 delegated when considering the following factors:

23 (i) That the task can be performed without requiring the exercise  
24 of judgment based on clinical knowledge;

25 (ii) That results of the task are reasonably predictable;

26 (iii) That the task can be performed without a need for complex  
27 observations or critical decisions;

28 (iv) That the task can be performed without repeated clinical  
29 assessments; and

30 (v) (A) For a medical assistant other than a medical assistant-  
31 hemodialysis technician, that the task, if performed improperly,  
32 would not present life-threatening consequences or the danger of  
33 immediate and serious harm to the patient; and

34 (B) For a medical assistant-hemodialysis technician, that the  
35 task, if performed improperly, is not likely to present life-  
36 threatening consequences or the danger of immediate and serious harm  
37 to the patient.

1 (2) Nothing in this section prohibits the use of protocols that  
2 do not involve clinical judgment and do not involve the  
3 administration of medications, other than vaccines.

4 (3) The entry and activation of orders by a medical assistant-  
5 certified in accordance with section 2 of this act is not considered  
6 a task that requires the exercise of judgment based on clinical  
7 experience.

8 **Sec. 4.** RCW 18.360.010 and 2024 c 248 s 2 and 2024 c 217 s 1 are  
9 each reenacted and amended to read as follows:

10 The definitions in this section apply throughout this chapter  
11 unless the context clearly requires otherwise.

12 (1) "Activate" means to send an order for health care services to  
13 the appropriate recipient in such a manner that the order may be  
14 acted upon immediately by the recipient.

15 (2) "Administer" means the retrieval of medication, and its  
16 application to a patient, as authorized in RCW 18.360.050.

17 ~~((2))~~ (3) "Delegation" means direct authorization granted by a  
18 licensed health care practitioner to a medical assistant to perform  
19 the functions authorized in this chapter which fall within the scope  
20 of practice of the health care provider and the training and  
21 experience of the medical assistant.

22 ~~((3))~~ (4) "Department" means the department of health.

23 ~~((4))~~ (5) "Forensic phlebotomist" means a police officer, law  
24 enforcement officer, or employee of a correctional facility or  
25 detention facility, who is certified under this chapter and meets any  
26 additional training and proficiency standards of his or her employer  
27 to collect a venous blood sample for forensic testing pursuant to a  
28 search warrant, a waiver of the warrant requirement, or exigent  
29 circumstances.

30 ~~((5))~~ (6) "Health care practitioner" means:

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

32 (b) An osteopathic physician and surgeon licensed under chapter  
33 18.57 RCW; or

34 (c) Acting within the scope of their respective licensure, a  
35 podiatric physician and surgeon licensed under chapter 18.22 RCW, a  
36 registered nurse or advanced registered nurse practitioner licensed  
37 under chapter 18.79 RCW, a naturopath licensed under chapter 18.36A  
38 RCW, a physician assistant licensed under chapter 18.71A RCW, or an  
39 optometrist licensed under chapter 18.53 RCW.

1       ~~((6))~~ (7) "Medical assistant-certified" means a person  
2 certified under RCW 18.360.040 who assists a health care practitioner  
3 with patient care, executes administrative and clinical procedures,  
4 and performs functions as provided in RCW 18.360.050 under the  
5 supervision of the health care practitioner.

6       ~~((7))~~ (8) "Medical assistant-EMT" means a person certified  
7 under RCW 18.360.040 who performs functions as provided in RCW  
8 18.360.050 under the supervision of a health care practitioner and  
9 holds: An emergency medical technician certification under RCW  
10 18.73.081; an advanced emergency medical technician certification  
11 under RCW 18.71.205; or a paramedic certification under RCW  
12 18.71.205.

13       ~~((8))~~ (9) "Medical assistant-hemodialysis technician" means a  
14 person certified under RCW 18.360.040 who performs hemodialysis and  
15 other functions pursuant to RCW 18.360.050 under the supervision of a  
16 health care practitioner.

17       ~~((9))~~ (10) "Medical assistant-phlebotomist" means a person  
18 certified under RCW 18.360.040 who performs capillary, venous, and  
19 arterial invasive procedures for blood withdrawal and other functions  
20 pursuant to RCW 18.360.050 under the supervision of a health care  
21 practitioner.

22       ~~((10))~~ (11) "Medical assistant-registered" means a person  
23 registered under RCW 18.360.040 who, pursuant to an endorsement by a  
24 health care practitioner, clinic, or group practice, assists a health  
25 care practitioner with patient care, executes administrative and  
26 clinical procedures, and performs functions as provided in RCW  
27 18.360.050 under the supervision of the health care practitioner.

28       ~~((11))~~ (12) "Secretary" means the secretary of the department  
29 of health.

30       ~~((12))~~ (13)(a) "Supervision" means supervision of procedures  
31 permitted pursuant to this chapter by a health care practitioner who  
32 is physically present and is immediately available in the facility,  
33 except as provided in (b) and (c) of this subsection.

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

38       (c)(i) During a telemedicine visit, supervision over a medical  
39 assistant assisting a health care practitioner with the telemedicine

1 visit may be provided through interactive audio and video  
2 telemedicine technology.

3 (ii) When administering intramuscular injections for the purposes  
4 of treating a known or suspected syphilis infection in accordance  
5 with RCW 18.360.050, a medical assistant-certified or medical  
6 assistant-registered may be supervised through interactive audio or  
7 video telemedicine technology.

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