
HOUSE BILL 1784

State of Washington

69th Legislature

2025 Regular Session

By Representatives Marshall, Simmons, Parshley, and Schmidt

Read first time 02/03/25. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to certified medical assistants; amending RCW
2 18.360.060; reenacting and amending RCW 18.360.050; and adding a new
3 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 (12)(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 approve 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 (12) (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 approve such order if:

26 (a) The supervising health care practitioner directs the medical
27 assistant-certified to enter and approve the order as a delegated
28 task, using explicit verbal or written instructions that enable the
29 medical assistant-certified to enter and approve the order without
30 exercising judgment based on clinical knowledge;

31 (b) The medical assistant-certified enters and approves the order
32 in accordance with the instructions of the supervising health care
33 practitioner, without exercising judgment based on clinical
34 knowledge;

35 (c) The order is reviewed by the supervising health care
36 practitioner during the same business day and countersigned by the
37 supervising health care practitioner within 72 hours of approval by
38 the medical assistant-certified;

1 (d) The medical assistant-certified has completed training
2 regarding order-entry systems as specified in subsection (2) of this
3 section;

4 (e) The delegated order is in compliance with RCW 18.360.060; and

5 (f) The order is not a prescription for a controlled substance,
6 as defined in RCW 69.50.101. If the order is for a prescription for a
7 controlled substance, the medical assistant-certified may enter, but
8 not approve, the order.

9 (2)(a) A medical assistant-certified may only enter and approve
10 orders in accordance with this section if the medical assistant-
11 certified has received training from a supervising health care
12 practitioner regarding order-entry systems. The training must take
13 place annually and must cover the scope of permitted tasks, when to
14 obtain clarification from a supervising health care practitioner, and
15 compliance with regulatory requirements.

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

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

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

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

26 (1) Prior to delegation of any of the functions in RCW
27 18.360.050, a health care practitioner shall determine to the best of
28 his or her ability each of the following:

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

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

32 (c) The appropriate level of supervision;

33 (d) That no law prohibits the delegation;

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

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

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

1 (ii) That results of the task are reasonably predictable;
2 (iii) That the task can be performed without a need for complex
3 observations or critical decisions;
4 (iv) That the task can be performed without repeated clinical
5 assessments; and
6 (v) (A) For a medical assistant other than a medical assistant-
7 hemodialysis technician, that the task, if performed improperly,
8 would not present life-threatening consequences or the danger of
9 immediate and serious harm to the patient; and
10 (B) For a medical assistant-hemodialysis technician, that the
11 task, if performed improperly, is not likely to present life-
12 threatening consequences or the danger of immediate and serious harm
13 to the patient.
14 (2) Nothing in this section prohibits the use of protocols that
15 do not involve clinical judgment and do not involve the
16 administration of medications, other than vaccines.
17 (3) The entry and approval of orders by a medical assistant-
18 certified in accordance with section 2 of this act is not considered
19 a task that requires the exercise of judgment based on clinical
20 experience.

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