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**HOUSE BILL 1828**

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**State of Washington**

**69th Legislature**

**2025 Regular Session**

**By** Representatives Obras, Stonier, Gregerson, Dufault, and Shavers

Read first time 02/04/25. Referred to Committee on Health Care & Wellness.

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

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

5 **Sec. 1.** RCW 18.360.040 and 2024 c 217 s 4 are each amended to  
6 read as follows:

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

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

19 (2)(a) The secretary shall issue a certification as a medical  
20 assistant-hemodialysis technician to any person who meets the

1 qualifications for a medical assistant-hemodialysis technician  
2 established under RCW 18.360.030.

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

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

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

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

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

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

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

30 (i) Be endorsed by a health care practitioner, clinic, or group  
31 practice that meets the qualifications established under RCW  
32 18.360.030; and

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

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

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

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

14 **Sec. 2.** RCW 18.360.050 and 2024 c 248 s 3 and 2024 c 217 s 5 are  
15 each reenacted and amended to read as follows:

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

19 (a) Fundamental procedures:

20 (i) Wrapping items for autoclaving;

21 (ii) Procedures for sterilizing equipment and instruments;

22 (iii) Disposing of biohazardous materials; and

23 (iv) Practicing standard precautions.

24 (b) Clinical procedures:

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

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

29 (iii) Taking vital signs;

30 (iv) Preparing patients for examination;

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

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

34 (c) Specimen collection:

35 (i) Capillary puncture and venipuncture;

36 (ii) Obtaining specimens for microbiological testing; and

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

39 (d) Diagnostic testing:

1 (i) Electrocardiography;  
2 (ii) Respiratory testing; and  
3 (iii)(A) Tests waived under the federal clinical laboratory  
4 improvement amendments program on July 1, 2013. The department shall  
5 periodically update the tests authorized under this subsection (1)(d)  
6 based on changes made by the federal clinical laboratory improvement  
7 amendments program; and  
8 (B) Moderate complexity tests if the medical assistant-certified  
9 meets standards for personnel qualifications and responsibilities in  
10 compliance with federal regulation for nonwaived testing.  
11 (e) Patient care:  
12 (i) Telephone and in-person screening limited to intake and  
13 gathering of information without requiring the exercise of judgment  
14 based on clinical knowledge;  
15 (ii) Obtaining vital signs;  
16 (iii) Obtaining and recording patient history;  
17 (iv) Preparing and maintaining examination and treatment areas;  
18 (v) Preparing patients for, and assisting with, routine and  
19 specialty examinations, procedures, treatments, and minor office  
20 surgeries;  
21 (vi) Maintaining medication and immunization records; and  
22 (vii) Screening and following up on test results as directed by a  
23 health care practitioner.  
24 (f)(i) Administering medications. A medical assistant-certified  
25 may only administer medications if the drugs are:  
26 (A) Administered only by unit or single dosage, or by a dosage  
27 calculated and verified by a health care practitioner. For purposes  
28 of this section, a combination or multidose vaccine shall be  
29 considered a unit dose;  
30 (B) Limited to legend drugs, vaccines, and Schedule III-V  
31 controlled substances as authorized by a health care practitioner  
32 under the scope of his or her license and consistent with rules  
33 adopted by the secretary under (f)(ii) of this subsection; and  
34 (C) Administered pursuant to a written order from a health care  
35 practitioner.  
36 (ii) A medical assistant-certified may not administer  
37 experimental drugs or chemotherapy agents. The secretary may, by  
38 rule, further limit the drugs that may be administered under this  
39 subsection (1)(f). The rules adopted under this subsection must limit  
40 the drugs based on risk, class, or route.

1 (iii) A medical assistant-certified 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 (g) Intravenous injections. A medical assistant-certified may  
8 establish intravenous lines for diagnostic or therapeutic purposes,  
9 without administering medications, under the supervision of a health  
10 care practitioner, and administer intravenous injections for  
11 diagnostic or therapeutic agents under the direct visual supervision  
12 of a health care practitioner if the medical assistant-certified  
13 meets minimum standards established by the secretary in rule. The  
14 minimum standards must be substantially similar to the qualifications  
15 for category D and F health care assistants as they exist on July 1,  
16 2013.

17 (h) Urethral catheterization when appropriately trained.

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

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

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

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

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

37 (d) Electrocardiograms.

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

1 (a) Fundamental procedures:  
2 (i) Wrapping items for autoclaving;  
3 (ii) Procedures for sterilizing equipment and instruments;  
4 (iii) Disposing of biohazardous materials; and  
5 (iv) Practicing standard precautions.  
6 (b) Clinical procedures:  
7 (i) Preparing for sterile procedures;  
8 (ii) Taking vital signs;  
9 (iii) Preparing patients for examination; and  
10 (iv) Observing and reporting patients' signs or symptoms.  
11 (c) Specimen collection:  
12 (i) Obtaining specimens for microbiological testing; and  
13 (ii) Instructing patients in proper technique to collect urine  
14 and fecal specimens.  
15 (d) Patient care:  
16 (i) Telephone and in-person screening limited to intake and  
17 gathering of information without requiring the exercise of judgment  
18 based on clinical knowledge;  
19 (ii) Obtaining vital signs;  
20 (iii) Obtaining and recording patient history;  
21 (iv) Preparing and maintaining examination and treatment areas;  
22 (v) Preparing patients for, and assisting with, routine and  
23 specialty examinations, procedures, treatments, and minor office  
24 surgeries, including those with minimal sedation. The department may,  
25 by rule, prohibit duties authorized under this subsection (4) (d) (v)  
26 if performance of those duties by a medical assistant-registered  
27 would pose an unreasonable risk to patient safety;  
28 (vi) Maintaining medication and immunization records; and  
29 (vii) Screening and following up on test results as directed by a  
30 health care practitioner.  
31 (e) Diagnostic testing and electrocardiography.  
32 (f) (i) Tests waived under the federal clinical laboratory  
33 improvement amendments program on July 1, 2013. The department shall  
34 periodically update the tests authorized under subsection (1) (d) of  
35 this section based on changes made by the federal clinical laboratory  
36 improvement amendments program.  
37 (ii) Moderate complexity tests if the medical assistant-  
38 registered meets standards for personnel qualifications and  
39 responsibilities in compliance with federal regulation for nonwaived  
40 testing.

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

3 (h) Urethral catheterization when appropriately trained.

4 (i) Administering medications:

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

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

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

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

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

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

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

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

40 (i) Fundamental procedures:

- 1 (A) Disposing of biohazardous materials; and  
2 (B) Practicing standard precautions;  
3 (ii) Clinical procedures:  
4 (A) Taking vital signs;  
5 (B) Preparing patients for examination;  
6 (C) Observing and reporting patients' signs or symptoms;  
7 (D) Simple eye irrigation;  
8 (E) Hemorrhage control with direct pressure or hemostatic gauze;  
9 (F) Spinal and extremity motion restriction and immobilization;  
10 (G) Oxygen administration;  
11 (H) Airway maintenance, stabilization, and suctioning;  
12 (I) Cardiopulmonary resuscitation; and  
13 (J) Use of automated external defibrillators and semiautomated  
14 external defibrillators;  
15 (iii) Specimen collection:  
16 (A) Capillary puncture and venipuncture; and  
17 (B) Instructing patients in proper technique to collect urine and  
18 fecal specimens;  
19 (iv) Diagnostic testing:  
20 (A) Electrocardiography; and  
21 (B) Respiratory testing, including nasopharyngeal swabbing for  
22 COVID-19;  
23 (v) Patient care:  
24 (A) Telephone and in-person screening, limited to intake and  
25 gathering of information without requiring the exercise of judgment  
26 based on clinical knowledge;  
27 (B) Obtaining vital signs;  
28 (C) Obtaining and recording patient history; and  
29 (D) Preparing and maintaining examination and treatment areas;  
30 (vi) Administering medications: A medical assistant-EMT may only  
31 administer medications if the drugs are:  
32 (A) Administered only by unit or single dosage, or by a dosage  
33 calculated and verified by a health care practitioner. For purposes  
34 of this subsection, a combination or multidose vaccine shall be  
35 considered a unit dose;  
36 (B) Limited to vaccines, opioid antagonists, and oral glucose, as  
37 authorized by a health care practitioner under the scope of his or  
38 her license and consistent with rules adopted by the secretary under  
39 (b) of this subsection; and



1 (C) Administered pursuant to a written order from a health care  
2 practitioner; (~~and~~)  
3 (vii) Establishing intravenous lines: A medical assistant-EMT may  
4 establish intravenous lines for diagnostic or therapeutic purposes,  
5 without administering medications, and remove intravenous lines under  
6 the supervision of a health care practitioner; and  
7 (viii) Performing the duties of a physician substitute in a  
8 plasma source donation center as authorized in 21 C.F.R. Sec. 630.5.  
9 (b) The secretary may, by rule, further limit the drugs that may  
10 be administered under this subsection. The rules adopted under this  
11 subsection must limit the drugs based on risk, class, or route.

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