
SENATE BILL 5657

State of Washington

69th Legislature

2025 Regular Session

By Senators Harris and Dozier

Read first time 02/04/25. Referred to Committee on Health & Long-Term Care.

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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