

Report on Tasks Performed by Specialty-Assistive Personnel

As required by

Engrossed Substitute Senate Bill 6237

December 2012



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Medical Assistant Program

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Executive Summary

In 2012, the Washington State Legislature passed Engrossed Substitute Senate Bill (ESSB) 6237 (see Appendix A). The bill adds a new chapter to Title 18 RCW creating the medical assistant (MA) profession, effective July 1, 2013. Medical assistants may work under the supervision of an allopathic physician, osteopathic physician, podiatric physician, registered nurse, advanced registered nurse practitioner, naturopath, physician assistant, osteopathic physician assistant, or optometrist.

Under ESSB 6237, certified health care assistants (HCA) holding a current active credential with the Department of Health as of July 1, 2013, will be transitioned to one of three new medical assistant credentials. The HCA credential will be phased out.

ESSB 6237 Section 4(3) directed the, “Medical Quality Assurance Commission, The Board Of Osteopathic Medicine and Surgery, the Podiatric Medical Board, the Nursing Care Quality Assurance Commission, the Board Of Naturopathy, and the Optometry Board shall each review and identify other specialty assistive personnel not included in (ESSB 6237) and the tasks they perform. The Department of Health shall compile the information from each disciplining authority listed in this subsection and submit the compiled information to the legislature no later than December 15, 2012.”

The department has compiled the responses from the six boards and commissions as directed by ESSB 6237. We have added clarifying information in italics where appropriate and made minor edits and formatting changes for consistency, but otherwise the information is presented as provided by the boards and commissions.

Medical Quality Assurance Commission Response

The Medical Quality Assurance Commission concurs with the structure of ESSB 6237, with caveats:

- There should be minimum training requirements for all medical assistants.
- Regarding specialty-assistive personnel:
 - These personnel must be supervised.
 - Their competency must be verified.
 - Ongoing competency requirements are needed.
 - Tasks that are outside the scope of medical assistants in ESSB 6237 should not be set in the law or rules.
 - The practitioner should be responsible for training assistive personnel in tasks that are outside the scope of ESSB 6237.
- The practitioner is responsible for determining that a task to be delegated to assistive personnel is one that may be appropriately delegated, consistent with the criteria in section 7(1)(f) of ESSB 6237.
- Delegating a task that is beyond the scope of assistive personnel will be considered unprofessional conduct.

Board of Naturopathy Response

Board of Naturopathy's list of specialty-assistive personnel duties:

- Telephone triage.
- Phoning/transmitting prescriptions.
- Providing patients with follow-up instructions.
- Updating patient records with test results, routine information, etc.

Recommendations:

- Do not include strictly administrative/secretarial duties, such as routine paperwork, billing, etc. (in medical assistant's scope of practice).
- (*Medical assistants*) duties should not include:
 - Starting IVs.
 - Catheterization.

Nursing Care Quality Assurance Commission Response

The Nursing Care Quality Assurance Commission met September 21, 2012. The commission discussed duties performed by other specialty-assistive personnel not listed in ESSB 6237. During discussion some commission members were surprised by the duties allowed current Health Care Assistants and were not aware of the (*HCA*) regulations. Here is a list of some nursing-related tasks performed in various settings by assistive personnel not listed in the legislation.

Surgical settings:

- Closing wounds in dermatology settings.
- Approving refill of medications.
- Performing tasks as trained by physician.
- Inserting IV.

Supervising:

- Supervising nursing assistants certified.
- Supervising or managing clinic for day-to-day activities.

Other Settings:

- Dialysis.

Board of Optometry Response

The Board of Optometry conducted a work session on August 6, 2012, to consider the tasks assigned to the different levels of medical assistants and to identify other potential specialty-assistive personnel not included in ESSB 6237.

The board developed lists that are arranged by category of personnel and primary duties performed. Tasks that seem to fall within the duties already included in ESSB 6237 are marked with an asterisk (*).

Optical:

- Inventory maintenance.
- Eyeglass fabrication/verification.
- Eyeglass fitting and dispensing.
- Eyeglass repair, adjusting, and maintenance.

Clerical:

- Records maintenance/filing/transfer of information.
- Reception duties.
- Patient communication.*
- Third party billing.
- Insurance credentialing.

- Insurance verification.
- Accounts receivable/collections.
- Human resources.
- Telephone triage.*
- Accounts payable.
- Marketing.
- Vendor relations.
- Transmit prescriptions.
- Health insurance portability and accountability act tasks.

Technicians/chair-side assistant:

- Patient history/intake.*
- Data gathering.*
- Auxiliary testing/sreening.*
- Prepare and maintain exam areas, including sterilization/sanitizing.*
- Patient communication, including test results.*
- Administer medication.*
- Transmit prescriptions.
- Occupational Safety and Health Administration tasks.*

Contact lens:

- Patient history/intake.*
- Contact lens measurement/verification.*
- Contact lens ordering/dispensing.
- Inventory maintenance.
- Patient training/instruction.
- Testing/fitting.
- Records maintenance.

Therapist:

- Provide therapy and training services to enhance visual function, including:
 - Low vision.
 - Vision therapy.
 - Sports vision.
- Rehabilitative therapy.

Board of Osteopathic Medicine and Surgery Response

- Medical assistants (MAs) should not be able to do intravenous or catheter insertion.
- MAs should be allowed to be delegated to view the Prescription Monitoring Program (PMP) data.

- Staff doing purely administrative functions, even if it involves incidental contact with patient information (i.e., receiving calls, working with patient files, billing), should not be required to have a credential.
- MAs (or other staff) should be able to call in a prescription on behalf of the physician.
- MAs (or other staff) should be able to perform a general triage function (i.e., helping to prioritize patients within the practice) that does not involve attempting to diagnose conditions.

Podiatric Medical Board Response

The current list of tasks that a Podiatric Physician and Surgeon may delegate to unlicensed assistive personnel is listed in WAC 246-922-100.

The board believes these tasks (in WAC 246-922-100) are comparable to the duties already included in ESSB 6237:

- Patient education in foot hygiene.
- Take health histories.
- Determine rate and quality of patient's radial pulses.
- Measure the patient's blood pressure.
- Observe the nature of the patient's shoes and hose.
- Observe and report wearing patterns on the patient's shoes.
- Assist in obtaining material for a culture-sensitivity test.
- Take scrapings from the skin or nails of the feet; prepare them for microscopic and culture examination.
- Perform weight bearing and non-weight bearing x-rays (always must be provided by x-ray tech).
- Photograph patient's foot disorder.
- Prepare the foot for anesthesia as needed.
- Know the indications for and application of cardiopulmonary resuscitation (CPR).
- Prepare and maintain a surgically sterile field.
- Give patient or family supplementary health education materials.

The board believes these tasks (in WAC 246-922-100) are not included in ESSB 6237:

- Deliver a sedative drug in an oral dosage form to patient.
- Give preoperative and postoperative instructions.
- Assist in administration of nitrous oxide analgesia or sedation, but the unlicensed person shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the podiatric physician and surgeon. Patients must never be left unattended while nitrous oxide analgesia or sedation is administered to them. This regulation shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.
- Perform a plethysmographic or doppler study.
- Debride hyperkeratotic tissues of the foot.

- Remove and apply dressing and/or padding.
- Make necessary adjustments to the biomechanical device.
- Produce impression casting of the foot.
- Produce the following:
 - Removable impression insoles and modifications.
 - Protective devices for alleviating or dispersing pressure on certain deformities or skin lesions such as ulcers, corns, calluses, digital amputation stumps (e.g., latex shields).
- Apply strap and/or pad to the foot and/or leg.
- Apply flexible cast (e.g., Unna Boot).
- Apply cast material for immobilization of the foot and leg.
- Remove sutures.
- Debride nails.
- Administer mechanical, manipulative and electrical treatment as directed by the podiatric physician and surgeon.
- Counsel and instruct patients in the basics of:
 - Their examination, treatment regimen, and prophylaxis for a problem.
 - Patient and family foot health promotion practices.
 - Patient and family care of specific diseases affecting the foot (e.g., diabetes, cerebrovascular accident, arthritis).
 - Performing certain exercises and their importance.

The board has identified additional tasks that assistive personnel do in a podiatry practice. Tasks that seem to fall within the duties already included in ESSB 6237 are marked with an asterisk (*).

Clerical:

- Record maintenance/filing/transfer of information.
- Reception duties.
- Patient communication.*
- Third party billing.
- Insurance verification.
- Accounts receivable/collections.
- Human resources.
- Telephone triage.*
- Accounts payable.
- Marketing.
- Vendor relations.
- Transmit prescriptions.
- Health Insurance Portability and Accountability Act officer.

MOTION: The Podiatric Medical Board would like to express our concern regarding the new statutory requirements outlined for medical assistant certified and medical assistant registered under ESSB 6237. That bill encompasses some tasks performed by our

assistants and delegated to them by the Podiatric Medical Board's long-standing delegation rule, WAC 246-922-100, such as “preparing patients for, and assisting with, routine and specialty examinations, treatments and minor office surgeries.” The Podiatric Medical Board understands that to perform overlapping tasks that are included in both this statute and WAC 246-922-100, the podiatric medical assistant will need to meet the conditions of the statute. However, for all other tasks that previously have been delegated to podiatric assistants under the podiatric delegation rule, they remain unaffected by ESSB 6237 and may still be performed by podiatric medical assistants without obtaining certification or registration under ESSB 6237. Any other interpretation will present an undue burden on the practice of podiatry and the current utilization of podiatric assistants.

Appendix A

Engrossed Substitute Senate Bill 6237

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE SENATE BILL 6237

Chapter 153, Laws of 2012

62nd Legislature
2012 Regular Session

MEDICAL ASSISTANTS

EFFECTIVE DATE: 06/07/12 - Except sections 1 through 12, 14, 16, and 18, which become effective 07/01/13; and sections 15 and 17, which become effective 07/01/16.

Passed by the Senate March 5, 2012
YEAS 43 NAYS 5

CERTIFICATE

BRAD OWEN

President of the Senate

Passed by the House February 29, 2012
YEAS 97 NAYS 1

FRANK CHOPP

Speaker of the House of Representatives

I, Thomas Hoemann, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE SENATE BILL 6237** as passed by the Senate and the House of Representatives on the dates hereon set forth.

THOMAS HOEMANN

Secretary

Approved March 29, 2012, 3:40 p.m.

FILED
March 29, 2012

CHRISTINE GREGOIRE

Governor of the State of Washington

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE SENATE BILL 6237

AS AMENDED BY THE HOUSE

Passed Legislature - 2012 Regular Session

State of Washington

62nd Legislature

2012 Regular Session

By Senate Health & Long-Term Care (originally sponsored by Senators Keiser, Conway, Kline, Frockt, and Becker)

READ FIRST TIME 01/26/12.

AN ACT Relating to creating a career pathway for medical assistants; amending RCW 18.79.340, 18.120.020, 18.120.020, 18.130.040, 18.130.040, and 18.135.055; adding a new chapter to Title 18 RCW; creating a new section; repealing RCW 18.135.010, 18.135.020, 18.135.025, 18.135.030, 18.135.035, 18.135.040, 18.135.050, 18.135.055, 18.135.060, 18.135.062, 18.135.065, 18.135.070, 18.135.090, 18.135.100, 18.135.110, and 18.135.120; and providing effective dates.

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

NEW SECTION. Sec. 1 The legislature finds that medical assistants are health professionals specifically trained to work in settings such as physicians' offices, clinics, group practices, and other health care facilities. These multiskilled personnel are trained to perform administrative and clinical procedures under the supervision of health care providers. Physicians value this unique versatility more and more because of the skills of medical assistants and their ability to contain costs and manage human resources efficiently. The demand for medical assistants is expanding rapidly. The efficient and effective delivery of health care in Washington will be improved by recognizing the valuable contributions of medical assistants, and providing statutory support for medical assistants in Washington state. The legislature further finds that rural and small medical practices and clinics may have limited access to formally trained medical assistants. The legislature further intends that the secretary of health develop recommendations for a career ladder that includes medical assistants.

NEW SECTION. Sec. 2 The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Delegation" means direct authorization granted by a licensed health care practitioner to a medical assistant to perform the functions authorized in this chapter which fall within the scope of practice of the health care provider and the training and

experience of the medical assistant.

(2) "Department" means the department of health.

(3) "Health care practitioner" means:

(a) A physician licensed under chapter 18.71 RCW;

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

(c) Acting within the scope of their respective licensure, a podiatric physician and surgeon licensed under chapter 18.22 RCW, a registered nurse or advanced registered nurse practitioner licensed under chapter 18.79 RCW, a naturopath licensed under chapter 18.36A RCW, a physician assistant licensed under chapter 18.71A RCW, an osteopathic physician assistant licensed under chapter 18.57A RCW, or an optometrist licensed under chapter 18.53 RCW.

(4) "Medical assistant-certified" means a person certified under section 5 of this act who assists a health care practitioner with patient care, executes administrative and clinical procedures, and performs functions as provided in section 6 of this act under the supervision of the health care practitioner.

(5) "Medical assistant-hemodialysis technician" means a person certified under section 5 of this act who performs hemodialysis and other functions pursuant to section 6 of this act under the supervision of a health care practitioner.

(6) "Medical assistant-phlebotomist" means a person certified under section 5 of this act who performs capillary, venous, and arterial invasive procedures for blood withdrawal and other functions pursuant to section 6 of this act under the supervision of a health care practitioner.

(7) "Medical assistant-registered" means a person registered under section 5 of this act who, pursuant to an endorsement by a health care practitioner, clinic, or group practice, assists a health care practitioner with patient care, executes administrative and clinical procedures, and performs functions as provided in section 6 of this act under the supervision of the health care practitioner.

(8) "Secretary" means the secretary of the department of health.

(9) "Supervision" means supervision of procedures permitted pursuant to this chapter by a health care practitioner who is physically present and is immediately available in the facility. The health care practitioner does not need to be present during procedures to withdraw blood, but must be immediately available.

NEW SECTION. Sec. 3 (1) No person may practice as a medical assistant-certified, medical assistant-hemodialysis technician, or medical assistant-phlebotomist unless he or she is certified under section 5 of this act.

(2) No person may practice as a medical assistant-registered unless he or she is registered under section 5 of this act.

NEW SECTION. Sec. 4 (1) The secretary shall adopt rules specifying the minimum qualifications for a medical assistant-certified, medical assistant-hemodialysis technician, and medical assistant-phlebotomist. The qualifications for a medical assistant-hemodialysis technician must be equivalent to the qualifications for hemodialysis technicians regulated pursuant to chapter 18.135 RCW as of January 1, 2012.

(2) The secretary shall adopt rules that establish the minimum requirements necessary for a health care practitioner, clinic, or group practice to endorse a medical assistant as

qualified to perform the duties authorized by this chapter and be able to file an attestation of that endorsement with the department.

(3) The medical quality assurance commission, the board of osteopathic medicine and surgery, the podiatric medical board, the nursing care quality assurance commission, the board of naturopathy, and the optometry board shall each review and identify other specialty assistive personnel not included in this chapter and the tasks they perform. The department of health shall compile the information from each disciplining authority listed in this subsection and submit the compiled information to the legislature no later than December 15, 2012.

NEW SECTION. Sec. 5 (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 section 4 of this act.

(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 or after one year, whichever occurs first, and may not be renewed.

(2) 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 section 4 of this act.

(3) 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 section 4 of this act.

(4)(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 (4), a person must:

(i) Be endorsed by a health care practitioner, clinic, or group practice that meets the qualifications established under section 4 of this act; 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 transferrable to another health care practitioner, clinic, or group practice.

(5) A certification issued under subsections (1) through (3) of this section is transferrable between different practice settings.

NEW SECTION. Sec. 6 (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) Tests waived under the federal clinical laboratory improvement amendments program on the effective date of this section. 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.
- (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 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) The secretary may, by rule, 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.

(g) Intravenous injections. A medical assistant-certified may administer intravenous injections for diagnostic or therapeutic agents if he or she 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 the effective date of this section.

(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 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.

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

(e) Tests waived under the federal clinical laboratory improvement amendments program on the effective date of this section. 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.

(f) Administering vaccines, including combination vaccines.

NEW SECTION. Sec. 7 (1) Prior to delegation of any of the functions in section 6 of this act, a health care practitioner shall determine to the best of his or her ability each of the following:

- (a) That the task is within that health care practitioner's scope of licensure or authority;
- (b) That the task is indicated for the patient;

- (c) The appropriate level of supervision;
 - (d) That no law prohibits the delegation;
 - (e) That the person to whom the task will be delegated is competent to perform that task; and
 - (f) That the task itself is one that should be appropriately delegated when considering the following factors:
 - (i) That the task can be performed without requiring the exercise of judgment based on clinical knowledge;
 - (ii) That results of the task are reasonably predictable;
 - (iii) That the task can be performed without a need for complex observations or critical decisions;
 - (iv) That the task can be performed without repeated clinical assessments; and
 - (v) That the task, if performed improperly, would not present life-threatening consequences or the danger of immediate and serious harm to the patient.
- (2) Nothing in this section prohibits the use of protocols that do not involve clinical judgment and do not involve the administration of medications, other than vaccines.

NEW SECTION. Sec. 8 (1) In addition to any other authority provided by law, the secretary may:

- (a) Adopt rules, in accordance with chapter 34.05 RCW, necessary to implement this chapter;
 - (b) Establish forms and procedures necessary to administer this chapter;
 - (c) Establish administrative procedures, administrative requirements, and fees in accordance with RCW 43.70.250 and 43.70.280. Until July 1, 2016, for purposes of setting fees under this section, the secretary shall consider persons registered or certified under this chapter and health care assistants, certified under chapter 18.135 RCW, as one profession;
 - (d) Hire clerical, administrative, and investigative staff as needed to implement and administer this chapter;
 - (e) Maintain the official department of health record of all applicants and credential holders; and
 - (f) Establish requirements and procedures for an inactive registration or certification.
- (2) The uniform disciplinary act, chapter 18.130 RCW, governs unlicensed practice, the issuance and denial of a registration or certification, and the discipline of persons registered or certified under this chapter.

NEW SECTION. Sec. 9 (1) The department may not issue new certifications for category C, D, E, or F health care assistants on or after the effective date of this section. The department shall certify a category C, D, E, or F health care assistant who was certified prior to the effective date of this section as a medical assistant-certified when he or she renews his or her certification.

(2) The department may not issue new certifications for category G health care assistants on or after the effective date of this section. The department shall certify a category G health care assistant who was certified prior to the effective date of this section as a medical assistant-hemodialysis technician when he or she renews his or her certification.

(3) The department may not issue new certifications for category A or B health care assistants on or after the effective date of this section. The department shall certify a category A or B health care assistant who was certified prior to the effective date of this section as a medical assistant-phlebotomist when he or she renews his or her certification.

NEW SECTION. Sec. 10 Nothing in this chapter prohibits or affects:

- (1) A person licensed under this title performing services within his or her scope of practice;
- (2) A person performing functions in the discharge of official duties on behalf of the United States government including, but not limited to, the armed forces, coast guard, public health service, veterans' bureau, or bureau of Indian affairs;
- (3) A person trained by a federally approved end-stage renal disease facility who performs end-stage renal dialysis in the home setting;
- (4) A person registered or certified under this chapter from performing blood-drawing procedures in the residences of research study participants when the procedures have been authorized by the institutional review board of a comprehensive cancer center or nonprofit degree-granting institution of higher education and are conducted under the general supervision of a physician; or
- (5) A person participating in an externship as part of an approved medical assistant training program under the direct supervision of an on-site health care provider.

NEW SECTION. Sec. 11 Within existing resources, the secretary shall develop recommendations regarding a career path plan for medical assistants. The secretary shall consult with stakeholders, including, but not limited to, health care practitioner professional organizations, organizations representing health care workers, community colleges, career colleges, and technical colleges. The recommendations must include methods for including credit for prior learning. The purpose of the plan is to evaluate and map career paths for medical assistants and entry-level health care workers to transition by means of a career ladder into medical assistants or other health care professions. The recommendations must identify barriers to career advancement and career ladder training initiatives. The department shall report its recommendations to the legislature no later than December 15, 2012.

NEW SECTION. Sec. 12 An applicant with military training or experience satisfies the training or experience requirements of this chapter unless the secretary determines that the military training or experience is not substantially equivalent to the standards of this state.

Sec. 13 RCW 18.79.340 and 2003 c 258 s 2 are each amended to read as follows:

- (1) "Nursing technician" means a nursing student employed in a hospital licensed under chapter 70.41 RCW, a clinic, or a nursing home licensed under chapter 18.51 RCW, who:
 - (a) Is currently enrolled in good standing in a nursing program approved by the commission and has not graduated; or
 - (b) Is a graduate of a nursing program approved by the commission who graduated:
 - (i) Within the past thirty days; or

(ii) Within the past sixty days and has received a determination from the secretary that there is good cause to continue the registration period, as defined by the secretary in rule.

(2) No person may practice or represent oneself as a nursing technician by use of any title or description of services without being registered under this chapter, unless otherwise exempted by this chapter.

(3) The commission may adopt rules to implement chapter 258, Laws of 2003.

Sec. 14 RCW 18.120.020 and 2010 c 286 s 14 are each amended to read as follows:

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

(1) "Applicant group" includes any health professional group or organization, any individual, or any other interested party which proposes that any health professional group not presently regulated be regulated or which proposes to substantially increase the scope of practice of the profession.

(2) "Certificate" and "certification" mean a voluntary process by which a statutory regulatory entity grants recognition to an individual who (a) has met certain prerequisite qualifications specified by that regulatory entity, and (b) may assume or use "certified" in the title or designation to perform prescribed health professional tasks.

(3) "Grandfather clause" means a provision in a regulatory statute applicable to practitioners actively engaged in the regulated health profession prior to the effective date of the regulatory statute which exempts the practitioners from meeting the prerequisite qualifications set forth in the regulatory statute to perform prescribed occupational tasks.

(4) "Health professions" means and includes the following health and health-related licensed or regulated professions and occupations: Podiatric medicine and surgery under chapter 18.22 RCW; chiropractic under chapter 18.25 RCW; dental hygiene under chapter 18.29 RCW; dentistry under chapter 18.32 RCW; denturism under chapter 18.30 RCW; dispensing opticians under chapter 18.34 RCW; hearing instruments under chapter 18.35 RCW; naturopaths under chapter 18.36A RCW; embalming and funeral directing under chapter 18.39 RCW; midwifery under chapter 18.50 RCW; nursing home administration under chapter 18.52 RCW; optometry under chapters 18.53 and 18.54 RCW; ocularists under chapter 18.55 RCW; osteopathic medicine and surgery under chapters 18.57 and 18.57A RCW; pharmacy under chapters 18.64 and 18.64A RCW; medicine under chapters 18.71 and 18.71A RCW; emergency medicine under chapter 18.73 RCW; physical therapy under chapter 18.74 RCW; practical nurses under chapter 18.79 RCW; psychologists under chapter 18.83 RCW; registered nurses under chapter 18.79 RCW; occupational therapists licensed under chapter 18.59 RCW; respiratory care practitioners licensed under chapter 18.89 RCW; veterinarians and veterinary technicians under chapter 18.92 RCW; health care assistants under chapter 18.135 RCW; massage practitioners under chapter 18.108 RCW; East Asian medicine practitioners licensed under chapter 18.06 RCW; persons registered under chapter 18.19 RCW; persons licensed as mental health counselors, marriage and family therapists, and social workers under chapter 18.225 RCW; dietitians and nutritionists certified by chapter 18.138 RCW; radiologic technicians under chapter 18.84 RCW; ~~((and))~~ nursing assistants registered or certified under chapter 18.88A RCW; and medical assistants-certified, medical assistants-hemodialysis technician, medical assistants-phlebotomist, and medical assistants- registered certified and registered under chapter 18.--- RCW (the new chapter created in

section 19 of this act).

(5) "Inspection" means the periodic examination of practitioners by a state agency in order to ascertain whether the practitioners' occupation is being carried out in a fashion consistent with the public health, safety, and welfare.

(6) "Legislative committees of reference" means the standing legislative committees designated by the respective rules committees of the senate and house of representatives to consider proposed legislation to regulate health professions not previously regulated.

(7) "License," "licensing," and "licensure" mean permission to engage in a health profession which would otherwise be unlawful in the state in the absence of the permission. A license is granted to those individuals who meet prerequisite qualifications to perform prescribed health professional tasks and for the use of a particular title.

(8) "Professional license" means an individual, nontransferable authorization to carry on a health activity based on qualifications which include: (a) Graduation from an accredited or approved program, and (b) acceptable performance on a qualifying examination or series of examinations.

(9) "Practitioner" means an individual who (a) has achieved knowledge and skill by practice, and (b) is actively engaged in a specified health profession.

(10) "Public member" means an individual who is not, and never was, a member of the health profession being regulated or the spouse of a member, or an individual who does not have and never has had a material financial interest in either the rendering of the health professional service being regulated or an activity directly related to the profession being regulated.

(11) "Registration" means the formal notification which, prior to rendering services, a practitioner shall submit to a state agency setting forth the name and address of the practitioner; the location, nature and operation of the health activity to be practiced; and, if required by the regulatory entity, a description of the service to be provided.

(12) "Regulatory entity" means any board, commission, agency, division, or other unit or subunit of state government which regulates one or more professions, occupations, industries, businesses, or other endeavors in this state.

(13) "State agency" includes every state office, department, board, commission, regulatory entity, and agency of the state, and, where provided by law, programs and activities involving less than the full responsibility of a state agency.

Sec. 15 RCW 18.120.020 and 2012 c ... s 14 (section 14 of this act) are each amended to read as follows:

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

(1) "Applicant group" includes any health professional group or organization, any individual, or any other interested party which proposes that any health professional group not presently regulated be regulated or which proposes to substantially increase the scope of practice of the profession.

(2) "Certificate" and "certification" mean a voluntary process by which a statutory regulatory entity grants recognition to an individual who (a) has met certain prerequisite qualifications specified by that regulatory entity, and (b) may assume or use "certified" in the title or designation to perform prescribed health professional tasks.

(3) "Grandfather clause" means a provision in a regulatory statute applicable to

practitioners actively engaged in the regulated health profession prior to the effective date of the regulatory statute which exempts the practitioners from meeting the prerequisite qualifications set forth in the regulatory statute to perform prescribed occupational tasks.

(4) "Health professions" means and includes the following health and health-related licensed or regulated professions and occupations: Podiatric medicine and surgery under chapter 18.22 RCW; chiropractic under chapter 18.25 RCW; dental hygiene under chapter 18.29 RCW; dentistry under chapter 18.32 RCW; denturism under chapter 18.30 RCW; dispensing opticians under chapter 18.34 RCW; hearing instruments under chapter 18.35 RCW; naturopaths under chapter 18.36A RCW; embalming and funeral directing under chapter 18.39 RCW; midwifery under chapter 18.50 RCW; nursing home administration under chapter 18.52 RCW; optometry under chapters 18.53 and 18.54 RCW; ocularists under chapter 18.55 RCW; osteopathic medicine and surgery under chapters 18.57 and 18.57A RCW; pharmacy under chapters 18.64 and 18.64A RCW; medicine under chapters 18.71 and 18.71A RCW; emergency medicine under chapter 18.73 RCW; physical therapy under chapter 18.74 RCW; practical nurses under chapter 18.79 RCW; psychologists under chapter 18.83 RCW; registered nurses under chapter 18.79 RCW; occupational therapists licensed under chapter 18.59 RCW; respiratory care practitioners licensed under chapter 18.89 RCW; veterinarians and veterinary technicians under chapter 18.92 RCW; ~~((health care assistants under chapter 18.135 RCW;))~~ massage practitioners under chapter 18.108 RCW; East Asian medicine practitioners licensed under chapter 18.06 RCW; persons registered under chapter 18.19 RCW; persons licensed as mental health counselors, marriage and family therapists, and social workers under chapter 18.225 RCW; dietitians and nutritionists certified by chapter 18.138 RCW; radiologic technicians under chapter 18.84 RCW; nursing assistants registered or certified under chapter 18.88A RCW; and medical assistants-certified, medical assistants-hemodialysis technician, medical assistants-phlebotomist, and medical assistants-registered certified and registered under chapter 18.--- RCW (the new chapter created in section 19 of this act).

(5) "Inspection" means the periodic examination of practitioners by a state agency in order to ascertain whether the practitioners' occupation is being carried out in a fashion consistent with the public health, safety, and welfare.

(6) "Legislative committees of reference" means the standing legislative committees designated by the respective rules committees of the senate and house of representatives to consider proposed legislation to regulate health professions not previously regulated.

(7) "License," "licensing," and "licensure" mean permission to engage in a health profession which would otherwise be unlawful in the state in the absence of the permission. A license is granted to those individuals who meet prerequisite qualifications to perform prescribed health professional tasks and for the use of a particular title.

(8) "Professional license" means an individual, nontransferable authorization to carry on a health activity based on qualifications which include: (a) Graduation from an accredited or approved program, and (b) acceptable performance on a qualifying examination or series of examinations.

(9) "Practitioner" means an individual who (a) has achieved knowledge and skill by practice, and (b) is actively engaged in a specified health profession.

(10) "Public member" means an individual who is not, and never was, a member of the health profession being regulated or the spouse of a member, or an individual who

does not have and never has had a material financial interest in either the rendering of the health professional service being regulated or an activity directly related to the profession being regulated.

(11) "Registration" means the formal notification which, prior to rendering services, a practitioner shall submit to a state agency setting forth the name and address of the practitioner; the location, nature and operation of the health activity to be practiced; and, if required by the regulatory entity, a description of the service to be provided.

(12) "Regulatory entity" means any board, commission, agency, division, or other unit or subunit of state government which regulates one or more professions, occupations, industries, businesses, or other endeavors in this state.

(13) "State agency" includes every state office, department, board, commission, regulatory entity, and agency of the state, and, where provided by law, programs and activities involving less than the full responsibility of a state agency.

Sec. 16 RCW 18.130.040 and 2011 c 41 s 11 are each amended to read as follows:

(1) This chapter applies only to the secretary and the boards and commissions having jurisdiction in relation to the professions licensed under the chapters specified in this section. This chapter does not apply to any business or profession not licensed under the chapters specified in this section.

(2)(a) The secretary has authority under this chapter in relation to the following professions:

(i) Dispensing opticians licensed and designated apprentices under chapter 18.34 RCW;

(ii) Midwives licensed under chapter 18.50 RCW;

(iii) Ocularists licensed under chapter 18.55 RCW;

(iv) Massage operators and businesses licensed under chapter 18.108 RCW;

(v) Dental hygienists licensed under chapter 18.29 RCW;

(vi) East Asian medicine practitioners licensed under chapter 18.06 RCW;

(vii) Radiologic technologists certified and X-ray technicians registered under chapter 18.84 RCW;

(viii) Respiratory care practitioners licensed under chapter 18.89 RCW;

(ix) Hypnotherapists and agency affiliated counselors registered and advisors and counselors certified under chapter 18.19 RCW;

(x) Persons licensed as mental health counselors, mental health counselor associates, marriage and family therapists, marriage and family therapist associates, social workers, social work associates -- advanced, and social work associates -- independent clinical under chapter 18.225 RCW;

(xi) Persons registered as nursing pool operators under chapter 18.52C RCW;

(xii) Nursing assistants registered or certified under chapter 18.88A RCW;

(xiii) Health care assistants certified under chapter 18.135 RCW;

(xiv) Dietitians and nutritionists certified under chapter 18.138 RCW;

(xv) Chemical dependency professionals and chemical dependency professional trainees certified under chapter 18.205 RCW;

(xvi) Sex offender treatment providers and certified affiliate sex offender treatment providers certified under chapter 18.155 RCW;

(xvii) Persons licensed and certified under chapter 18.73 RCW or RCW 18.71.205;

- (xviii) Denturists licensed under chapter 18.30 RCW;
- (xix) Orthotists and prosthetists licensed under chapter 18.200 RCW;
- (xx) Surgical technologists registered under chapter 18.215 RCW;
- (xxi) Recreational therapists (~~((under chapter 18.230 RCW))~~) under chapter 18.230

RCW:

- (xxii) Animal massage practitioners certified under chapter 18.240 RCW;
 - (xxiii) Athletic trainers licensed under chapter 18.250 RCW;
 - (xxiv) Home care aides certified under chapter 18.88B RCW; ~~((and))~~
 - (xxv) Genetic counselors licensed under chapter 18.290 RCW; and
 - (xxvi) Medical assistants-certified, medical assistants-hemodialysis technician, medical assistants-phlebotomist, and medical assistants-registered certified and registered under chapter 18.--- RCW (the new chapter created in section 19 of this act).
- (b) The boards and commissions having authority under this chapter are as follows:
 - (i) The podiatric medical board as established in chapter 18.22 RCW;
 - (ii) The chiropractic quality assurance commission as established in chapter 18.25 RCW;
 - (iii) The dental quality assurance commission as established in chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW and licenses and registrations issued under chapter 18.260 RCW;
 - (iv) The board of hearing and speech as established in chapter 18.35 RCW;
 - (v) The board of examiners for nursing home administrators as established in chapter 18.52 RCW;
 - (vi) The optometry board as established in chapter 18.54 RCW governing licenses issued under chapter 18.53 RCW;
 - (vii) The board of osteopathic medicine and surgery as established in chapter 18.57 RCW governing licenses issued under chapters 18.57 and 18.57A RCW;
 - (viii) The board of pharmacy as established in chapter 18.64 RCW governing licenses issued under chapters 18.64 and 18.64A RCW;
 - (ix) The medical quality assurance commission as established in chapter 18.71 RCW governing licenses and registrations issued under chapters 18.71 and 18.71A RCW;
 - (x) The board of physical therapy as established in chapter 18.74 RCW;
 - (xi) The board of occupational therapy practice as established in chapter 18.59 RCW;
 - (xii) The nursing care quality assurance commission as established in chapter 18.79 RCW governing licenses and registrations issued under that chapter;
 - (xiii) The examining board of psychology and its disciplinary committee as established in chapter 18.83 RCW;
 - (xiv) The veterinary board of governors as established in chapter 18.92 RCW; and
 - (xv) The board of naturopathy established in chapter 18.36A RCW.
 - (3) In addition to the authority to discipline license holders, the disciplining authority has the authority to grant or deny licenses. The disciplining authority may also grant a license subject to conditions.
 - (4) All disciplining authorities shall adopt procedures to ensure substantially consistent application of this chapter, the Uniform Disciplinary Act, among the disciplining authorities listed in subsection (2) of this section.

Sec. 17 RCW 18.130.040 and 2012 c ... s 16 (section 16 of this act) are each amended to read as follows:

(1) This chapter applies only to the secretary and the boards and commissions having jurisdiction in relation to the professions licensed under the chapters specified in this section. This chapter does not apply to any business or profession not licensed under the chapters specified in this section.

(2)(a) The secretary has authority under this chapter in relation to the following professions:

(i) Dispensing opticians licensed and designated apprentices under chapter 18.34 RCW;

(ii) Midwives licensed under chapter 18.50 RCW;

(iii) Ocularists licensed under chapter 18.55 RCW;

(iv) Massage operators and businesses licensed under chapter 18.108 RCW;

(v) Dental hygienists licensed under chapter 18.29 RCW;

(vi) East Asian medicine practitioners licensed under chapter 18.06 RCW;

(vii) Radiologic technologists certified and X-ray technicians registered under chapter 18.84 RCW;

(viii) Respiratory care practitioners licensed under chapter 18.89 RCW;

(ix) Hypnotherapists and agency affiliated counselors registered and advisors and counselors certified under chapter 18.19 RCW;

(x) Persons licensed as mental health counselors, mental health counselor associates, marriage and family therapists, marriage and family therapist associates, social workers, social work associates -- advanced, and social work associates -- independent clinical under chapter 18.225 RCW;

(xi) Persons registered as nursing pool operators under chapter 18.52C RCW;

(xii) Nursing assistants registered or certified under chapter 18.88A RCW;

(xiii) ~~((Health care assistants certified under chapter 18.135 RCW;~~

~~—(xiv)))~~ Dietitians and nutritionists certified under chapter 18.138 RCW;

~~((xv)))~~ (xiv) Chemical dependency professionals and chemical dependency professional trainees certified under chapter 18.205 RCW;

~~((xvi)))~~ (xv) Sex offender treatment providers and certified affiliate sex offender treatment providers certified under chapter 18.155 RCW;

~~((xvii)))~~ (xvi) Persons licensed and certified under chapter 18.73 RCW or RCW 18.71.205;

~~((xviii)))~~ (xvii) Denturists licensed under chapter 18.30 RCW;

~~((xix)))~~ (xviii) Orthotists and prosthetists licensed under chapter 18.200 RCW;

~~((xx)))~~ (xix) Surgical technologists registered under chapter 18.215 RCW;

~~((xxi)))~~ (xx) Recreational therapists under chapter 18.230 RCW;

~~((xxii)))~~ (xxi) Animal massage practitioners certified under chapter 18.240 RCW;

~~((xxiii)))~~ (xxii) Athletic trainers licensed under chapter 18.250 RCW;

~~((xxiv)))~~ (xxiii) Home care aides certified under chapter 18.88B RCW;

~~((xxv)))~~ (xxiv) Genetic counselors licensed under chapter 18.290 RCW; and

~~((xxvi)))~~ (xxv) Medical assistants-certified, medical assistants-hemodialysis technician, medical assistants-phlebotomist, and medical assistants-registered certified and registered under chapter 18.--- RCW (the new chapter created in section 19 of this act).

- (b) The boards and commissions having authority under this chapter are as follows:
- (i) The podiatric medical board as established in chapter 18.22 RCW;
 - (ii) The chiropractic quality assurance commission as established in chapter 18.25 RCW;
 - (iii) The dental quality assurance commission as established in chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW and licenses and registrations issued under chapter 18.260 RCW;
 - (iv) The board of hearing and speech as established in chapter 18.35 RCW;
 - (v) The board of examiners for nursing home administrators as established in chapter 18.52 RCW;
 - (vi) The optometry board as established in chapter 18.54 RCW governing licenses issued under chapter 18.53 RCW;
 - (vii) The board of osteopathic medicine and surgery as established in chapter 18.57 RCW governing licenses issued under chapters 18.57 and 18.57A RCW;
 - (viii) The board of pharmacy as established in chapter 18.64 RCW governing licenses issued under chapters 18.64 and 18.64A RCW;
 - (ix) The medical quality assurance commission as established in chapter 18.71 RCW governing licenses and registrations issued under chapters 18.71 and 18.71A RCW;
 - (x) The board of physical therapy as established in chapter 18.74 RCW;
 - (xi) The board of occupational therapy practice as established in chapter 18.59 RCW;
 - (xii) The nursing care quality assurance commission as established in chapter 18.79 RCW governing licenses and registrations issued under that chapter;
 - (xiii) The examining board of psychology and its disciplinary committee as established in chapter 18.83 RCW;
 - (xiv) The veterinary board of governors as established in chapter 18.92 RCW; and
 - (xv) The board of naturopathy established in chapter 18.36A RCW.
- (3) In addition to the authority to discipline license holders, the disciplining authority has the authority to grant or deny licenses. The disciplining authority may also grant a license subject to conditions.
- (4) All disciplining authorities shall adopt procedures to ensure substantially consistent application of this chapter, the Uniform Disciplinary Act, among the disciplining authorities listed in subsection (2) of this section.

Sec. 18 RCW 18.135.055 and 1996 c 191 s 83 are each amended to read as follows:

The health care facility or health care practitioner registering an initial or continuing certification pursuant to the provisions of this chapter shall comply with administrative procedures, administrative requirements, and fees determined by the secretary as provided in RCW 43.70.250 and 43.70.280. For the purposes of setting fees under this section, the secretary shall consider health care assistants and persons registered and certified under chapter 18.--- RCW (the new chapter created in section 19 of this act) as one profession.

All fees collected under this section shall be credited to the health professions account as required in RCW 43.70.320.

NEW SECTION. Sec. 19 Sections 1 through 12 of this act constitute a new chapter in Title 18 RCW.

NEW SECTION. **Sec. 20** The following acts or parts of acts, as now existing or hereafter amended, are each repealed, effective July 1, 2016:

(1) RCW 18.135.010 (Practices authorized) and 2009 c 43 s 2, 2008 c 58 s 1, & 1984 c 281 s 1;

(2) RCW 18.135.020 (Definitions) and 2009 c 43 s 4, 2008 c 58 s 2, 2001 c 22 s 2, & 1997 c 133 s 1;

(3) RCW 18.135.025 (Rules -- Legislative intent) and 1986 c 216 s 1;

(4) RCW 18.135.030 (Health care assistant profession -- Duties -- Requirements for certification -- Rules) and 1999 c 151 s 201, 1994 sp.s. c 9 s 515, 1991 c 3 s 273, 1986 c 216 s 2, & 1984 c 281 s 4;

(5) RCW 18.135.035 (Requirements for certification -- Military training or experience) and 2011 c 32 s 12;

(6) RCW 18.135.040 (Certification of health care assistants) and 2006 c 242 s 3 & 1984 c 281 s 3;

(7) RCW 18.135.050 (Certification by health care facility or practitioner -- Roster -- Recertification) and 1996 c 191 s 82, 1991 c 3 s 274, & 1984 c 281 s 5;

(8) RCW 18.135.055 (Registering an initial or continuing certification -- Fees) and 2012 c ... s 18 (section 18 of this act), 1996 c 191 s 83, 1991 c 3 s 275, & 1985 c 117 s 1;

(9) RCW 18.135.060 (Conditions for performing authorized functions -- Renal dialysis) and 2001 c 22 s 3, 2000 c 171 s 30, & 1993 c 13 s 1;

(10) RCW 18.135.062 (Renal dialysis training task force -- Development of core competencies) and 2001 c 22 s 4;

(11) RCW 18.135.065 (Delegation -- Duties of delegator and delegatee) and 2009 c 43 s 5, 2008 c 58 s 3, 1991 c 3 s 276, & 1986 c 216 s 4;

(12) RCW 18.135.070 (Complaints -- Violations -- Investigations -- Disciplinary action) and 1993 c 367 s 11 & 1984 c 281 s 7;

(13) RCW 18.135.090 (Performance of authorized functions) and 1984 c 281 s 9;

(14) RCW 18.135.100 (Uniform Disciplinary Act) and 1993 c 367 s 12;

(15) RCW 18.135.110 (Blood-drawing procedures -- Not prohibited by chapter -- Requirements) and 2006 c 242 s 2; and

(16) RCW 18.135.120 (Administration of vaccines -- Restrictions) and 2008 c 58 s 4.

NEW SECTION. **Sec. 21** The secretary of health shall adopt any rules necessary to implement this act.

NEW SECTION. **Sec. 22** Sections 1 through 12, 14, 16, and 18 of this act take effect July 1, 2013.

NEW SECTION. **Sec. 23** Sections 15 and 17 of this act take effect July 1, 2016.

Passed by the Senate March 5, 2012.
Passed by the House February 29, 2012.
Approved by the Governor March 29, 2012.
Filed in Office of Secretary of State March 29, 2012.