

SENATE BILL REPORT

ESHB 1073

As of March 9, 2023

Title: An act relating to medical assistants.

Brief Description: Concerning medical assistants.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Harris, Tharinger, Ryu, Leavitt, Macri, Caldier, Santos and Ormsby).

Brief History: Passed House: 2/15/23, 98-0.

Committee Activity: Health & Long Term Care: 3/09/23.

Brief Summary of Bill

- Extends the expiration of a medical assistant-certified interim permit to the issuance of a medical assistant-certified certification.
- Allows an applicant for a medical assistant-phlebotomist credential or a medical assistant-hemodialysis technician credential who has completed the training program to work, under the level of supervision required for the training program, for up to 180 days after filing their application.
- Makes changes to the authorized duties of a medical assistant-certified and a medical assistant-registered.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: Julie Tran (786-7283)

Background: The Department of Health licenses several different types of medical assistants (MAs), including MA-certified, MA-hemodialysis technician, MA-phlebotomist, and MA-registered.

Certification. A person meets the qualifications for certification as a MA-certified if they

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

satisfactorily complete a MA training program approved by the Secretary of Health (Secretary), pass an examination approved by the Secretary, and meet any additional qualifications established by the Secretary in rule. A person who has completed the other requirements, but has not passed the examination, may practice as a MA-certified under an interim permit. The permit expires upon passage of the examination or after one year, whichever occurs first, and may not be renewed.

Authorized Duties and Supervision. A MA-certified may perform authorized duties only when delegated by, and under the supervision of, a health care practitioner. For tasks requiring supervision, the supervising health care practitioner must generally be physically present and immediately available in the facility. When administering intravenous injections for diagnostic or therapeutic agents, a MA-certified must be under the direct visual supervision of a health care practitioner and meet certain minimum standards established by the Secretary in rule.

A MA-registered may perform authorized duties only when delegated by, and under the supervision of, a health care practitioner. Authorized duties include preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office surgeries using no more than local anesthetic.

Summary of Bill: Certification. An interim permit for a MA-certified expires upon passage of the examination and issuance of a certification, or after one year, whichever occurs first.

An applicant for a MA-phlebotomist credential or a MA-hemodialysis technician credential who has completed their training program is allowed to work, under the level of supervision required for the training program, for up to 180 days after filing their application.

Authorized Duties and Supervision. A supervising health care practitioner is not required to be present during procedures to administer vaccines or obtain specimens for, or perform diagnostic testing.

A MA-certified may establish intravenous lines for diagnostic or therapeutic purposes, without administering medications, under the supervision of a health care practitioner if the MA-certified meets minimum standards established by the Secretary in rule.

A MA-registered may perform diagnostic testing and electrocardiography and prepare patients for, and assist with, routine and specialty examinations, procedures, treatments, and minor office surgeries, including those with minimal sedation. A MA-registered may also administer intramuscular injections for diagnostic or therapeutic agents under the immediate supervision of a health care practitioner if the MA-registered meets minimum standards established by the Secretary.

A MA-registered may administer medications for intramuscular injections if the drugs are:

- administered only by unit or single dosage, or by a dosage calculated and verified by a health care practitioner;
- limited to legend drugs, vaccines, and Schedule III through V controlled substances authorized by a health care practitioner; and
- administered pursuant to a written order from a health care practitioner.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: The bill contains an emergency clause and takes effect immediately.

Staff Summary of Public Testimony: PRO: There is a need for all practitioners to be practicing at the top of their licenses. This bill allows MAs to operate at the highest level of training, have better workflows in the clinics, and improves patient experience. For MA-registered provisions, there are specific guardrails in the bill for medication administration that are appropriate and align with the flexibility currently afforded to MAs through federal regulations during the pandemic. Those flexibilities from the federal level will be ending, which makes this a time-sensitive component. MAs should keep doing what they have been doing through the pandemic. Oregon has a similar law that allows MA-Certified to establish intravenous lines without administering medication and it has been done without incidence for many years. Also, this bill allows MA-hemodialysis technician and MA-phlebotomist applicants to work for up to 180 days. The candidates are trained on the job and then, they must stop providing care while waiting for their certifications. The current gap between credentialing is 7-10 days but during the pandemic, it was up to 6 months. This exacerbated staffing shortages and interrupted patient care. This bill is important given the health care workforce shortage and the phlebotomist shortage. It impacts the kidney dialysis centers and blood banks, who are still losing staff as applicants do not have the means to miss a paycheck while waiting to receive their credentials.

CON: This bill puts Washington State citizens in danger. This bill is not the solution to the workforce shortage in this state. Expanding scope of practice increases the chances of errors. The lack of oversight might lead to mistakes and it increases the risk to patient safety. The scope of practice for MA-registered should not be expanded without proper training and it should not include intermuscular injections. Patients in Washington would be harmed by allowing MA-registered to administer intramuscular injections. That task should be reserved for those MAs that have complete formal MA education and have passed a national certification exam.

OTHER: This bill increases access to care including the need for testing and vaccination. This bill includes lowering the supervision level for some MAs providing COVID-19

vaccines and testing which allows for more flexibility at testing and vaccination sites. The bill also reduces interruptions for certain patients while MAs are waiting for their certifications. This bill also expands the number of MAs able to administer medications while ensuring safeguards are in place to protect the public.

Persons Testifying: PRO: Representative Paul Harris, Prime Sponsor; Scott Sigmon, ZoomCare; Leslie Emerick, Fresenius Medical Care North America (FMCNA); Nicole Kern, Planned Parenthood Alliance Advocates; Roman Daniels-Brown, DaVita; Mark Zeitzer, MD, ZoomCare; Intisar Surur, Quest Diagnostics; Sean Graham, Washington State Medical Association; Jennifer Hawkins, Vitalant Blood Center; Jessica Hostetler, Northwest Kidney Centers.

CON: Amber Samaniego; Prathyusha Balluru; Donald Balasa, American Association of Medical Assistants (AAMA).

OTHER: Shawna Fox, Washington State Department of Health.

Persons Signed In To Testify But Not Testifying: No one.