

SENATE BILL REPORT

SHB 1784

As of March 14, 2025

Title: An act relating to certified medical assistants.

Brief Description: Concerning certified medical assistants.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Marshall, Simmons, Parshley and Schmidt).

Brief History: Passed House: 3/5/25, 97-0.

Committee Activity: Health & Long-Term Care: 3/20/25.

Brief Summary of Bill

- Allows a certified medical assistant to enter and activate orders for health care services, as delegated by a supervising health care practitioner, if certain conditions are met.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Julie Tran (786-7283)

Background: The Department of Health (DOH) provides credentials to several different types of medical assistants, including certified medical assistants (MA-Cs).

A person meets the qualifications for certification as a MA-C if the person completes a Medical Assistant Training Program, passes an examination, and meets any additional qualifications established by DOH in rule.

A MA-C may perform authorized duties only when delegated by, and under the supervision of, a health care practitioner. The supervising health care practitioner must generally be physically present and immediately available in the facility. The level of required supervision varies for specific tasks.

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Authorized duties that a MA-C may perform include:

- fundamental procedures, including sterilizing equipment and instruments;
- clinical procedures, including taking vital signs, preparing patients for examination, capillary blood withdrawal, and intramuscular injections;
- specimen collection, including capillary puncture and venipuncture;
- diagnostic testing, including electrocardiography, respiratory testing, and certain other permitted tests;
- patient care, including obtaining patient history, preparing examination areas, and assisting with routine and specialty examinations, procedures, and minor office surgeries;
- administering certain medications;
- administering intravenous injections under direct visual supervision if certain requirements are met; and
- urethral catheterization when appropriately trained.

Before delegating any of the above duties to a MA-C, a health care practitioner is required to consider certain factors, including whether the task is within the practitioner's scope of practice, the appropriate level of supervision, and that the person to whom the task will be delegated is competent to perform the task. The health care practitioner must also determine if the task is one that should be appropriately delegated when considering the following factors:

- if the task can be performed without requiring the exercise of judgment based on clinical knowledge;
- if the results of the task are reasonably predictable;
- if the task can be performed without a need for complex observations or critical decisions;
- if the task can be performed without repeated clinical assessments; and
- if the task, if performed improperly, would present life-threatening consequences or the danger of immediate and serious harm to the patient.

Summary of Bill: A MA-C is allowed to enter and activate orders for health care services, as delegated by a supervising health care practitioner, if:

- there is a standing written protocol that authorizes designated MA-Cs to enter and activate an order for certain health care services;
- the standing written protocol details the clinical criteria that would initiate an order and is revised annually, at a minimum;
- the MA-C has completed training regarding entry-order systems, which must take place annually;
- the delegated order is in compliance with requirements regarding delegation; and
- the order is not a prescription for a controlled substance. If the order is for a prescription for a controlled substance, the MA-C may enter, but not activate, the order.

A MA-C may enter an order for health care services into an entry-order system and activate the order if the standing written protocol authorizes the MA-C to enter and activate orders for the following:

- routine adult immunizations that do not require clinical judgment;
- routine screening tests;
- routine labs for chronic disease monitoring;
- routine diagnostic imaging tests;
- therapeutic procedures;
- procedure and surgical treatment orders, including minor in-office procedures, as well as orders for surgical interventions and other operative procedures as medically indicated;
- point of care tests and tests waived under the federal Clinical Laboratory Improvement Amendments Program;
- routine medication refills that have no changes in dosage or frequency;
- referrals;
- perioperative order sets including referrals, labs, new medications, durable medical equipment, and radiologic exams; and
- supportive devices and therapeutic applications.

The MA-C's employer must maintain records regarding participation in annual training. Upon DOH's request, the MA-C's employer must provide documentation demonstrating compliance with the training and countersignature requirements.

The entry and approval of orders by a MA-C in accordance with applicable requirements is not considered a task that requires the exercise of judgment based on clinical experience.

"Activate" means to send an order for health care services to the appropriate recipient in such a manner that the order may be acted upon immediately by the recipient.

Appropriation: None.

Fiscal Note: Available.

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

Effective Date: Ninety days after adjournment of session in which bill is passed.