

# SENATE BILL REPORT

## SB 5983

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As of January 18, 2024

**Title:** An act relating to allowing medical assistants with telehealth access to a supervising clinician to provide intramuscular injections for syphilis treatment in the field for public health response efforts.

**Brief Description:** Allowing medical assistants with telehealth supervision to provide intramuscular injections for syphilis treatment.

**Sponsors:** Senators Liias, Rivers, Dhingra, Nobles, Pedersen, Robinson and Van De Wege.

**Brief History:**

**Committee Activity:** Health & Long Term Care: 1/18/24.

**Brief Summary of Bill**

- Allows registered medical assistants to administer intramuscular injections for syphilis treatment under telehealth supervision if temporary authority has been granted.
- Codifies the practice of Expedited Partner Therapy (EPT) into statute, which allows providers with diagnostic and prescriptive authority to legally prescribe medication to treat partners with sexually transmitted infections without examining the exposed patient or having an established provider and patient relationship with the patient if certain requirements are met.
- Allows prescribing health care providers to prescribe, dispense, furnish, or otherwise provide medication to the diagnosed patient under EPT for the patient to deliver to the diagnosed patient's exposed sexual partner or partners.

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### SENATE COMMITTEE ON HEALTH & LONG TERM CARE

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*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.*

**Staff:** Julie Tran (786-7283)

**Background:** Medical Assistants. The Department of Health (DOH) licenses several different types of medical assistants (MAs) such as registered medical assistants (MA-R). A MA-R 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 utilizing no more than local anesthetic.

Local Health Officer. The local health officer is the legally qualified physician who has been appointed the health officer for the county or district public health department.

Expedited Partner Therapy. Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to the patient's partner without the health care provider first examining the partner. The federal Centers for Disease Control and Prevention (CDC) notes that EPT is a useful option to facilitate partner management although further evaluation is needed to define when and how EPT can be best utilized. The CDC also noted that provider-assisted referral is the optimal strategy for partner treatment, but it is not available to most patients with gonorrhea or chlamydial infection because of resource limitations.

Public Health in Washington State. Sexually Transmitted Infections (STIs) are the most commonly reported diseases in Washington State. Many are curable, others are treatable, and all are preventable. Most people with STIs don't have obvious symptoms, but without treatment, they can spread disease and possibly develop serious complications.

Between 2002 to 2021 Washington State has reported a high increase in STIs including chlamydia, gonorrhea, and syphilis. The number of STI cases has generally increased across most populations in the state.

Syphilis is an infection caused by bacteria and can be sexually transmitted or acquired before birth. The rate of infection for syphilis have increased greatly since 1996 when nine cases were reported. In recent state trends, over 1000 primary and secondary cases of syphilis have been reported annually. In 2021, 1,488 primary and secondary cases of syphilis were reported.

Sexually Transmitted Infections and Hepatitis B Virus Legislative Advisory Group. In 2021 the Legislature directed the Department of Health (DOH) to convene the STI & Hepatitis B Virus (HBV) Legislative Advisory Group (Workgroup) to make recommendations concerning funding and policy initiatives to address the spread of STI in Washington.

In 2022, the Workgroup submitted a report to the Legislature with a series of recommendations, which includes allowing MAs with telehealth access to a supervising

clinician to provide intramuscular injections in the field and clarifying the legal status of EPT, including a hold harmless clause for prescribing physicians.

**Summary of Bill:** The bill as referred to committee not considered.

**Summary of Bill (Proposed Substitute):** Medical Assistants. A MA-R may administer intramuscular injections for the purpose of treating known or suspected syphilis infection without immediate supervision if all the following requirements are met:

- a local health officer or DOH has granted temporary authority; and
- a health care practitioner is providing supervision through interactive audio and video telemedicine technology.

A local health officer or DOH may determine the need to grant MA-Rs temporary authority to treat known or suspected syphilis infections when:

- total rates of infection for a county or in a specific subpopulation exceed those typically observed by more than 25 percent; and
- the affected population has difficulty accessing treatment or immunizations through existing sources of medical care and could potentially benefit from expanded outreach treatment or immunization.

The local health officer or DOH must:

- notify health providers when this temporary authority begins and when the temporary authority ends.
- end the temporary authority when the rates of known or suspected syphilis infections no longer meets the criteria for the temporary authority.

Before temporary authority is determined DOH must coordinate any localized communication, outreach, or response work with the local health officer and local health jurisdiction.

Expedited Partner Therapy. The practice of EPT is codified in statute. A health care provider who diagnoses a case of STIs in an individual patient, may prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to the individual patient's sexual partner or partners without an examination of that patient's partner or partners or having an established provider and patient relationship with the partner or partners.

The STIs include chlamydia, gonorrhea, trichomoniasis, or other sexually transmitted infection, as determined by DOH or recommended by the CDC guidelines for the prevention or treatment of sexually transmitted diseases.

A health care provider may provide EPT if all the following requirements are met:

- a patient has a confirmed lab test result or direct observation of clinical signs or assessment of clinical data by a health care provider confirming the person has, or is likely to have a STI;

- the patient indicates that the individual has a partner or partners with whom the patient has engaged in sexual activity within the 60-day period immediately before the STI diagnosis; and
- the patient indicates that the individual's partner or partners are unable or unlikely to seek clinical services in a timely manner.

A health care provider for the purposes of practicing under EPT includes physicians, osteopathic physicians and surgeons, registered nurses, advanced registered nurse practitioners, and licensed practical nurses.

Under EPT, a prescribing health care provider may prescribe, dispense, furnish, or otherwise provide medication to the diagnosed patient for the patient to deliver to the patient's exposed sexual partner or partners to prevent the diagnosed patient from being re-infected.

If a health care provider does not have the name of the patient's sexual partner for the prescribed drug, the prescription must include the words: "Expedited Partner Therapy" or "EPT."

A health care provider shall not be liable in a medical malpractice action or professional disciplinary action if the health care provider's use of EPT is in compliance with the regulations for EPT, with exception for cases of intentional misconduct, gross negligence, or wanton or reckless activity.

**Appropriation:** None.

**Fiscal Note:** Available. New fiscal note requested on January 17, 2024.

**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 On Proposed Substitute:** PRO: Our state has seen a significant rise in the prevalence of STIs and there are concerns about the increase in syphilis cases. This bill is a critical step in increasing access to preventative medicine and protecting some of the most vulnerable individuals from developing serious and lifelong health problems because these are entirely preventable infections. Many people don't receive timely treatment during pregnancy and pregnant people can pass the syphilis infection on to their newborn infants. Due to the nature of how syphilis presents, the pregnant parent may not even realize that they carry the infection when they're giving birth. Congenital syphilis can be life threatening and dangerous and have long lasting consequences for the newborn infants. It is essential that testing and treatment care is accessible and widely available. This bill allows staff to treat people outside of clinics when there is no alternative and then they can do this procedure safely, which just adds one more

tool to the toolkit. The policy in this bill isn't intended to be an expansion of the scope of practice for medical assistants but rather a response to public health threat. There are amendment requests to simplify the bill by allowing certified MAs to be able to administer intramuscular injections for the purposes of treating known or suspected syphilis infection under telehealth supervision and removing provisions related to granting temporary authority.

**Persons Testifying:** PRO: Senator Marko Lias, Prime Sponsor; Jaime Bodden, WSALPHO; Dr. James Lewis, Snohomish County Health Department; Dr. Matthew Golden, Public Health Seattle King County; Dr. Alan Melnick, Clark County Public Health; Dr. Scott Lindquist, WA State Department of Health; Heather Hill, Benton-Franklin Health District; Patty Hayes, WA State Board of Health.

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