

HOUSE BILL REPORT

HB 1515

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to medical assistants.

Brief Description: Concerning medical assistants.

Sponsors: Representatives Cody, Jinkins, Green, Morrell and Ryu.

Brief History:

Committee Activity:

Health Care & Wellness: 2/7/13, 2/22/13 [DPS].

Brief Summary of Substitute Bill

- Changes the scope of practice for a medical assistant-registered and a medical assistant-certified.
- Changes when a task may be delegated to a medical assistant-hemodialysis technician.
- Requires a health care assistant's credential to be in good standing prior to conversion to a medical assistant credential.
- Allows an applicant for a medical assistant-registered credential to work for 60 days while his or her license is processed.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 14 members: Representatives Cody, Chair; Jinkins, Vice Chair; Schmick, Ranking Minority Member; Hope, Assistant Ranking Minority Member; Clibborn, Green, Manweller, Moeller, Morrell, Riccelli, Rodne, Short, Tharinger and Van De Wege.

Minority Report: Do not pass. Signed by 2 members: Representatives Angel and Ross.

Staff: Jim Morishima (786-7191).

Background:

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

Last year, four new professions were created: medical assistant-certified (MA-Certified), medical assistant-registered (MA-Registered), medical assistant-hemodialysis technician (MA-Hemodialysis Technician), and medical assistant-phlebotomist (MA-Phlebotomist).

I. Qualifications.

A person meets the qualifications for certification as an MA-Certified if he or she satisfactorily completes a medical assistant training program approved by the Secretary of Health (Secretary), passes an examination approved by the Secretary, and meets any additional qualifications established by the Secretary in rule. A person who has not passed the examination may practice as an 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.

A person meets the qualifications for registration as an MA-Registered if he or she:

- is endorsed by a health care practitioner, clinic, or group practice that meets qualifications established by the Secretary; and
- has a current attestation of his or her endorsement to perform specific medical tasks signed by a supervising health care practitioner filed with the Department of Health (DOH). An MA-Registered may only perform the medical tasks listed on the attestation.

A person meets the qualifications for certification as an MA-Hemodialysis Technician if he or she meets qualifications adopted by the Secretary in rule. The qualifications must be equivalent to the current qualifications for hemodialysis technicians certified as health care assistants.

A person meets the qualifications for certification as an MA-Phlebotomist if he or she meets qualifications adopted by the Secretary in rule.

II. Scope of Practice.

An MA-Certified may perform the following tasks delegated by, and under the supervision of, a health care practitioner:

- fundamental procedures: wrapping items for autoclaving, procedures for sterilizing equipment and instruments, disposing of biohazardous materials, and practicing standard precautions;
- clinical procedures: performing aseptic procedures in settings other than hospitals, preparing of and assisting in sterile procedures in settings other than hospitals, taking vital signs, preparing patients for examination, capillary blood withdrawal, venipuncture, and intradermal, subcutaneous, and intramuscular injection, and observing and reporting patients' signs or symptoms;
- specimen collection: capillary puncture and venipuncture, obtaining specimens for microbiological testing, and instructing patients in the proper technique to collect urine and fecal specimens;
- diagnostic testing: electrocardiography, respiratory testing, and tests waived under the federal Clinical Laboratory Improvement Amendments (CLIA) program (the DOH may update this list by rule based on changes to the CLIA program);

- patient care: telephone and in-person screening limited to intake and gathering of information without requiring the exercise of judgment based on clinical knowledge, obtaining vital signs, obtaining and recording patient history, preparing and maintaining examination and treatment areas, preparing patients for, and assisting with, examinations, procedures, treatments, and minor office surgeries, maintaining medication records, and screening and following up on test results as directed by a health care practitioner; and
- administering medications that are: (1) administered only by unit or single dosage or by a dosage calculated and verified by a health care practitioner; (2) administered pursuant to a written order; and (3) limited to legend drugs, vaccines (including combination vaccines), and schedule III-IV controlled substances as authorized by a health care practitioner under the scope of his or her license. The Secretary may, by rule, limit the drugs that may be administered by an MA-Certified based on risk, class, or route.

An MA-Certified may also administer intravenous injections if he or she meets qualifications set by the Secretary. The qualifications must be substantially similar to the qualifications for category D and F health care assistants.

An MA-Registered may perform the same tasks as an MA-Certified, except:

- aseptic procedures;
- blood withdrawal or injections;
- electrocardiography and respiratory testing;
- preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office surgeries;
- intravenous injections; and
- the administration of medications (an MA-Registered may, however, administer vaccines).

An MA-Hemodialysis Technician may, under the delegation and supervision of a health care practitioner, perform hemodialysis and administer drugs and oxygen pursuant to rules adopted by the Secretary.

An MA-Phlebotomist may, under the delegation and supervision of a health care practitioner, perform capillary, venous, and arterial invasive procedures for blood withdrawal pursuant to rules adopted by the Secretary.

III. Delegation.

The following health care practitioners are authorized to delegate to, and supervise, a medical assistant:

- a physician or an osteopathic physician; and
- acting within the scope of his or her license:
 - a podiatric physician and surgeon;
 - a registered nurse;
 - an advanced registered nurse practitioner;
 - a naturopath;
 - an optometrist;

- a physician assistant; and
- an osteopathic physician assistant.

Prior to delegating a task to a medical assistant, a health care practitioner must determine:

- that the task is within the scope of practice of the health care practitioner;
- that the task is indicated for the patient;
- the appropriate level of supervision;
- that no law prohibits the delegation;
- that the medical assistant is competent to perform the task; and
- that the task itself is one that should be appropriately delegated considering that:
 - the task can be performed without the exercise of judgment based on clinical knowledge;
 - results of the task are reasonably predictable;
 - the task can be performed without a need for complex observations or critical decisions;
 - the task can be performed without repeated clinical assessments; and
 - the task, if performed improperly, would not result in life-threatening consequences or the danger of immediate and serious harm to the patient.

IV. Health Care Assistants.

The existing health care assistant credential will be eliminated on July 1, 2016. Persons certified as a health care assistant will be automatically converted to medical assistants upon renewal of their certifications.

V. Implementation Date.

The new medical assistant professions must be implemented by July 1, 2013.

Summary of Substitute Bill:

The Legislature intends that individuals performing specialized functions be trained and supervised in a manner that will not pose an undue risk to patient safety.

I. Qualifications.

An applicant for an MA-Registered credential who applies for registration within seven days of employment by the endorsing health care practitioner, clinic, or group practice may work as an MA-Registered for up to 60 days while the application is processed. The applicant must stop working on the sixtieth day of employment if the registration has not been granted for any reason.

II. Scope of Practice.

The scope of practice of an MA-Certified is expanded to include:

- the administration of multi-dose vaccines;

- urethral catheterization when properly trained; and
- moderate complexity tests if the MA-Certified meets standards for personnel qualifications and responsibilities in compliance for federal regulation for nonwaived testing.

An MA-Certified may not administer experimental drugs or hemodialysis agents. An MA-Certified must be under direct visual supervision while administering intravenous drugs.

The scope of practice of an MA-Registered is expanded to include:

- the administration of multi-dose vaccines;
- urethral catheterization when properly trained;
- moderate complexity tests if the MA-Registered meets standards for personnel qualifications and responsibilities in compliance for federal regulation for nonwaived testing;
- the administration of eye drops and topical ointments; and
- preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office surgeries. The DOH may, by rule, prohibit any of these duties if performance of those duties by an MA-Registered would pose an unreasonable risk to patient safety.

III. Delegation.

A task may be only be delegated to a MA-Hemodialysis Technician if it is not likely to present life-threatening consequences or serious harm to the patient if performed improperly.

IV. Health Care Assistants.

A certified health care assistant's credential must be in good standing before it can automatically be converted to a medical assistant credential.

V. Implementation Date.

The DOH may delay the implementation of the MA-Registered credential as necessary to comply with the requirements described above.

Substitute Bill Compared to Original Bill:

The substitute bill:

- declares that the Legislature intends that individuals performing specialized functions be trained and supervised in a manner that will not pose an undue risk to patient safety;
- allows an MA-Registered and an MA-Certified to perform urethral catheterization when appropriately trained;
- requires that an MA-Certified to be under direct visual supervision when administering intravenous drugs;
- prohibits an MA-Certified from administering experimental drugs or chemotherapy agents;

- allows an applicant for an MA-Registered credential to work for 60 days while his or her license is processed; and
 - requires a health care practitioner supervising an MA-Hemodialysis Technician to determine that the delegated task is not likely to present life-threatening consequences or the danger of immediate and serious harm to the patient (the original bill made this change for all medical assistants).
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Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill contains an emergency clause and takes effect on July 1, 2013.

Staff Summary of Public Testimony:

(In support) This bill reins in unlicensed practice without increasing costs. Assistive personnel who perform specialized tasks need a scope broad enough for them to keep working. The addition of eye drops and ointments will be helpful to ophthalmologists. Newly hired medical assistants should be allowed to continue working during the credentialing process. This bill will provide clarity to the DOH as it completes its rulemaking process.

(With concerns) Medical assistants should be properly trained before tasks can be delegated to them.

(Opposed) The scope of practice for an MA-Registered should not be expanded. Under current law there is a bright line; a medical assistant must be certified in order to perform certain tasks. The scope of an MA-Registered is narrow because of uncertainty in training. The Legislature should not interfere with the Department of Health's rulemaking process.

Persons Testifying: (In support) Representative Cody, prime sponsor; Gail McGaffick, Washington State Podiatric Medical Association and Fresenius Medical Care; Susan Scanlan, Washington State Podiatric Medical Association; Susie Tracy, Washington Academy of Eye Physician & Surgeons; Trent House, Optometric Physicians of Washington; Carl Nelson, Washington State Medical Association; and Linda Hull, The Everett Clinic and Northwest Kidney Centers.

(With concerns) Adrienne Thompson, Professional and Technical Employees Local 17.

(Opposed) Sofia Aragon, Washington State Nurses Association.

Persons Signed In To Testify But Not Testifying: None.