

August 10, 2012

Jennifer L. Filippone, Chief  
Practitioner Licensing and Investigations Section  
Department of Public Health  
401 Capitol Avenue, MS#12MQA  
P.O. Box 340308  
Hartford, CT 06134

Dear Ms. Filippone:

Attached is a scope of practice request for the medical assisting profession submitted by the Connecticut Society of Medical Assistants (CSMA) and the American Association of Medical Assistants (AAMA).

It is the position of the CSMA and the AAMA that legislation is needed in Connecticut to permit physicians to delegate to formally educated and credentialed medical assistants working under their direct supervision in outpatient settings the administration of medication orally, by inhalation, and by intramuscular, intradermal, and subcutaneous injections. Such legislation would enhance the availability of health care for the people of Connecticut without decreasing the quality of such care or threatening the health and welfare of patients. Also, because medical assistants would continue to work under direct physician supervision (defined as the delegating/overseeing/supervising physician being on the premises and reasonably available in case of emergency), such legislation would not disrupt the current health care delivery system. Finally, such legislation—if similar to the injection regulation of the New Jersey Board of Medical Examiners (attached)—would not have to create a licensure mechanism for medical assistants, and therefore would not necessarily increase regulatory costs for the Department of Public Health or the State of Connecticut.

Thank you for your consideration. If you have questions about the attached scope of practice request, feel free to contact the following individuals:

Holly Martin, CMA (AAMA)  
Public Policy Chair  
CT Society of Medical Assistants  
P.O. Box 124 Winchester Center, CT 06094  
860/379-1235 [hollyb5681@yahoo.com](mailto:hollyb5681@yahoo.com)

Donald A. Balasa, JD, MBA  
Executive Director, Legal Counsel  
American Association of Medical Assistants  
20 N. Wacker Drive, Suite 1575  
Chicago, IL 60606  
800/228-2262 [dbalasa@aama-ntl.org](mailto:dbalasa@aama-ntl.org)

Very truly yours,



Donald A. Balasa, JD, MBA  
Executive Director, Legal Counsel

1 **Scope of Practice Request for the Medical Assisting Profession in Connecticut**

2 Submitted to the Connecticut Department of Public Health Pursuant to Public Act No. 11-209

3 Submitted by the Connecticut Society of Medical Assistants and the American Association of  
4 Medical Assistants

5 August 10, 2012

6  
7 Holly Martin, CMA (AAMA)

8 Public Policy Chair

9 Connecticut Society of Medical Assistants

10 860/379-1235 [hollyb5681@yahoo.com](mailto:hollyb5681@yahoo.com)

11  
12 Donald A. Balasa, JD, MBA

13 Executive Director, Legal Counsel

14 American Association of Medical Assistants

15 800/228-2262 [dbalasa@aama-ntl.org](mailto:dbalasa@aama-ntl.org)

16  
17  
18 **(A) Plain language description of the request**

19  
20 **Background:** Medical assistants are allied health professionals educated and trained to work in  
21 outpatient settings (e.g., medical offices and clinics) under direct physician supervision. Direct  
22 physician supervision is defined in the laws of other states as the overseeing/delegating/supervising  
23 physician being on the premises and reasonably available, although not necessarily in the same  
24 room. Medical assistants do not work under *general* physician supervision, as do physician  
25 assistants and nurse practitioners, and are not educated and trained to work without direct physician  
26 supervision.

27  
28 A scope of practice for medical assistants is not set forth in Connecticut statutes or regulations.  
29 (However, the Connecticut Department of Public Health (DPH), pursuant to Public Act 04-82,  
30 provides a list of Connecticut registrants who hold a current Certified Medical Assistant [CMA  
31 (AAMA)] credential granted by the Certifying Board of the American Association of Medical  
32 Assistants (AAMA).) Chapter 370, Section 20-9(a) of the General Statutes of Connecticut states  
33 that no person may practice medicine unless licensed under Section 20-10 of the statute. 20-9(b)  
34 lists exceptions to this prohibition. Medical assistants are not included in the list of exceptions.

35  
36 The Connecticut Department of Public Health in a document entitled “Medical Assistant  
37 Information” provides informal advice about the duties physicians may delegate to medical  
38 assistants. In this document the DPH states that medical assistants may not be delegated  
39 “medication administration by any route (including oxygen, immunizations, and tuberculin  
40 testing).”

41 **Request:** The Connecticut Society of Medical Assistants and the American Association of Medical  
42 Assistants request that the Connecticut General Assembly enact legislation that would enable  
43 licensed physicians to delegate:

44 (1) the administration of medication orally or by inhalation; and

45 (2) the administration of intramuscular, intradermal, and subcutaneous injections (including  
46 vaccinations/immunizations)

47 to medical assistants working under their direct supervision (as defined above) in outpatient settings  
48 who:

49 (1) have graduated from an accredited, postsecondary medical assisting program that is accredited  
50 by either the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the  
51 Accredited Bureau of Health Education Schools (ABHES)—the only academic accrediting bodies  
52 that are recognized by either the United States Department of Education or the Council for High  
53 Education Accreditation; and

54 (2) have a current medical assisting credential acceptable to, and recognized by, the Connecticut  
55 Medical Examining Board and the Connecticut Department of Public Health.

56  
57 **Licensure not necessarily required to fulfill this request:** Although the above request could be  
58 fulfilled by creating a licensure mechanism for medical assistants, licensure is not absolutely  
59 required to meet this request. For example, New Jersey has a provision in the regulations of the  
60 New Jersey Board of Medical Examiners that permits physicians to delegate certain injections to  
61 medical assistants who meet educational and credentialing requirements (see attached). However,  
62 there is no licensure mechanism for these medical assistants. Rather, the provisions of the New  
63 Jersey medical assisting regulation are enforced by requiring licensed physicians to delegate  
64 medication administration only to medical assistants meeting the requirements of the regulation.  
65 Physicians who do not abide by the provisions of the regulation are subject to discipline by the New  
66 Jersey Board of Medical Examiners.

67  
68 **(B) Potential public health and safety benefits, and potential harm to public health and safety,**  
69 **should the request not be implemented**

70  
71 If a law described immediately above were enacted, the people of Connecticut would benefit by  
72 having greater access to, and availability of, health care. Under current law, physicians are  
73 restricted in the categories of allied health professionals to whom they may delegate medication  
74 administration. Allowing physicians to delegate certain types of medication administration to  
75 educated and credentialed medical assistants would increase the supply of allied health  
76 professionals, and consequently the efficiency of the provision of health care. This would enable  
77 physicians to see a greater number of patients in a shorter time, without any diminishment of the  
78 quality of care provided to patients.

79  
80 If the above request for legislation were not granted, the Connecticut health system, delegating  
81 physicians, and patients would be deprived of the efficiencies of fully utilizing competent and

82 knowledgeable medical assistants. In other words, the availability of health care involving certain  
83 types of medication administration would be less than it would be if educated and credentialed  
84 medical assistants were able to use their full range of abilities under direct physician supervision.

85

86 **(C) The impact on public access to health care**

87

88 See (B) immediately above.

89

90 **(D) Summary of state and federal laws regarding medical assisting**

91

92 There are no federal laws that have a direct bearing on medical assistants and their scope of practice  
93 in regard to medication administration.

94

95 Most state laws permit physicians to delegate to unlicensed allied health professionals (such as  
96 medical assistants) working under their direct supervision in outpatient settings any duties *except*  
97 those which:

98 (1) constitute the practice of medicine, or require the skill and knowledge of a licensed physician;

99 (2) are restricted in state law to other health or allied health professionals;

100 (3) require the medical assistant to exercise independent professional judgment, or to make clinical  
101 assessments/evaluations.

102

103 Some states require medical assistants to meet educational and/or examinational requirements in  
104 order to be delegated certain “advanced” medical assisting duties. The New Jersey medical  
105 assisting regulation pertaining to injections has been discussed above. South Dakota requires  
106 medical assistants to have graduated from a formal, postsecondary educational program that meets  
107 the joint standards of the South Dakota Board of Medical and Osteopathic Examiners and the South  
108 Dakota Board of Nursing in order to be registered and to work as a medical assistant (see attached).

109

110 **(E) Connecticut’s current regulatory oversight of medical assisting**

111

112 As stated above, Connecticut has no oversight of the medical assisting profession other than the  
113 Department of Public Health’s position that medical assistants may not be delegated any  
114 administration of medication. As also stated above, the DPH makes available a list of Connecticut  
115 residents who hold the CMA (AAMA) certification awarded by the Certifying Board of the  
116 American Association of Medical Assistants.

117

118 **(F) Current education, training, and examination requirements**

119

120 There are no education, training, or examination requirements for medical assistants in Connecticut  
121 law, or in the laws of most other states.

122

123 **(G) Scope of practice requests within the past five (5) years**

124  
125 There have been no scope of practice requests for medical assistants in Connecticut within the past  
126 five (5) years.

127  
128 **(H) The extent to which the request directly impacts existing relationships within the health**  
129 **care delivery systems**

130  
131 This request would only have an impact on the relationship of physicians as delegators to medical  
132 assistants, and medical assistants as delegates of physicians. There would be no change in the  
133 requirement that medical assistants work under direct physician supervision. If the request were  
134 granted, physicians would be permitted to delegate certain types of medication administration to  
135 medical assistants meeting the educational and credentialing requirements. If the General Assembly  
136 enacts the requested legislation, physicians would continue to be able to delegate to *all* medical  
137 assistants (those who meet the educational and credentialing requirements and those who do not)  
138 the limited duties they are now permitted to delegate, such as taking vital signs, rooming patients,  
139 administrative tasks, and—as directed by the overseeing physician—entering data into the medical  
140 record.

141  
142 **(I) The anticipated economic impact of the request on the health care delivery system**

143  
144 As presented in B above, expanding the scope of delegation of physicians to medical assistants who  
145 meet the educational and credentialing requirements would increase the supply of allied health  
146 professionals to whom doctors could delegate medication administration. According to basic  
147 microeconomic principles, an increase in the supply of allied health professionals would permit the  
148 employers/supervisors of these delegates to increase their output of medical care—especially  
149 medical care that involves medication administration.

150  
151 It is important to note that this increase in supply of allied health professionals would not decrease  
152 the quality of health care, and thus would not jeopardize the health, safety, and welfare of  
153 Connecticut patients. This is due to the fact that, under the proposed legislative request, only  
154 educated and currently credentialed medical assistants would be permitted to be delegated the  
155 administration of medication.

156  
157 **(J) National trends in state medical assisting laws**

158  
159 In addition to the aforementioned laws in New Jersey and South Dakota, there are statutory and/or  
160 regulatory provisions that establish requirements for medical assisting scope of practice in  
161 California, Washington, and Arizona. Legislation was signed into law in Washington in 2012.  
162 Laws from these states are attached.

163

164 **(K) Health care professions that may be directly impacted by the request**

165  
166 Physicians would be directly impacted by this scope of practice request. The Connecticut Society  
167 of Medical Assistants is working closely with the Connecticut State Medical Society on this request,  
168 and therefore no significant opposition from organized medicine is anticipated.

169  
170 Registered nurses (RNs) and licensed practical nurses (LPNs) sometimes work under physician  
171 supervision in outpatient settings and are delegated administration of medication. Consequently,  
172 this scope of practice request could have an *indirect* impact on RNs and LPNs. This request  
173 stipulates that medical assistants must graduate from a postsecondary, programmatically accredited  
174 (by either CAAHEP or ABHES) medical assisting program and receive either a one-year certificate  
175 or diploma or a two-year associate's degree in order to be delegated administration of medication.  
176 The CAAHEP and ABHES accreditation standards for medical assisting programs are somewhat  
177 comparable to the accreditation standards for LPN programs. Once this fact is brought to the  
178 attention of the Connecticut Board of Nursing and the nursing societies in this state, it is not  
179 anticipated that there will be significant nursing opposition to legislation embodying this scope of  
180 practice request.

181  
182 **(L) How this request relates to the ability of educated and suitably credentialed medical**  
183 **assistants to practice to the full extent of the profession's education and training**

184  
185 There are 23 medical assisting programs in Connecticut that are accredited by either CAAHEP or  
186 ABHES. Graduates of these programs have been taught the didactic knowledge necessary to safely  
187 perform medication administration, including intramuscular, intradermal, and subcutaneous  
188 injections. In addition, they have been required to demonstrate psychomotor competence in these  
189 procedures in order to graduate—even though this psychomotor competence can only be  
190 demonstrated on mannequins, not live subjects, because of the Connecticut law.

191  
192 The current state of Connecticut law is preventing these educated and credentialed medical  
193 assistants from being delegated duties to the full extent of their education and training. This scope  
194 of practice request would remedy this situation, and would provide physicians and other  
195 employment decision makers with more options in the hiring of competent and knowledgeable  
196 allied health personnel. Most importantly, this scope of practice request would increase the  
197 availability of health care for Connecticut residents without lessening the quality of care they would  
198 be receiving.

# Curriculum Review Board of the American Association of Medical Assistants Endowment (CRB-AAMAE)

## Content Requirements for CAAHEP Accredited Medical Assisting Programs

Taken from the 2003 Standards and Guidelines for Medical Assisting Educational Programs

To provide for student attainment of the Entry-Level Competencies for the Medical Assistant, the curriculum must include, as a minimum:

### a. Anatomy and Physiology

- (1) Anatomy and physiology of all body systems
- (2) Common pathology/diseases
- (3) Diagnostic/treatment modalities

### b. Medical Terminology

- (1) Basic structure of medical words
- (2) Word building and definitions
- (3) Applications of medical terminology

### c. Medical Law and Ethics

- (1) Legal guidelines/requirements for health care
- (2) Medical ethics and related issues

### d. Psychology

- (1) Basic principles
- (2) Developmental states of the life cycle
- (3) Hereditary, cultural and environmental influences on behavior

### e. Communication

- (1) Principles of verbal and nonverbal communication
- (2) Recognition and response to verbal and nonverbal communication
- (3) Adaptations for individualized needs
- (4) Applications of electronic technology
- (5) Fundamental writing skills

### f. Medical Assisting Administrative Procedures

- (1) Basic medical assisting clerical functions
- (2) Bookkeeping principles
- (3) Insurance procedures and diagnostic coding
- (4) Operational functions

### g. Medical Assisting Clinical Procedures

- (1) Asepsis and infection control
- (2) Specimen collection and processing
- (3) Diagnostic testing
- (4) Patient care and instruction
- (5) Pharmacology
- (6) Medical emergencies
- (7) Principles of IV therapy

### h. Professional Components

- (1) Personal attributes
- (2) Job readiness
- (3) Workplace dynamics
- (4) Allied health professions and credentialing
- (5) Provider level CPR certification and first aid training

### Externship

- (1) Supervised and unpaid
- (2) Minimum of 160 contact hours
- (3) Placement in an ambulatory health care setting
- (4) Perform administrative and clinical procedures
- (5) Completed prior to graduation

**Curriculum Review Board of the American Association of  
Medical Assistants Endowment (CRB-AAMAE)**

**Entry Level Competencies for the Medical Assistant  
Taken from the 2003 Standards and Guidelines for Medical Assisting Educational Programs**

The Entry-Level Competencies for the medical assistant include, but are not limited to:

- |   |  |
|---|--|
| <p><b>a. Administrative Competencies</b></p> <p><b>(1) Perform Clerical Functions</b></p> <ul style="list-style-type: none"><li>(a) Schedule and manage appointments</li><li>(b) Schedule inpatient and outpatient admissions and procedures</li><li>(c) Organize a patient's medical record</li><li>(d) File medical records</li></ul> <p><b>(2) Perform Bookkeeping Procedures</b></p> <ul style="list-style-type: none"><li>(a) Prepare a bank deposit</li><li>(b) Post entries on a day sheet</li><li>(c) Perform accounts receivable procedures<ul style="list-style-type: none"><li>(d) Perform billing and collection procedures</li><li>(e) Post adjustments</li><li>(f) Process credit balance</li><li>(g) Process refunds</li><li>(h) Post NSF checks</li><li>(i) Post collection agency payments</li></ul></li></ul> <p><b>(3) Process Insurance Claims</b></p> <ul style="list-style-type: none"><li>(a) Apply managed care policies and procedures</li><li>(b) Apply third party guidelines</li><li>(c) Perform procedural coding</li><li>(d) Perform diagnostic coding</li><li>(e) Complete insurance claim forms</li></ul> <p><b>b. Clinical Competencies</b></p> <p><b>(1) Fundamental Procedures</b></p> <ul style="list-style-type: none"><li>(a) Perform handwashing</li><li>(b) Wrap items for autoclaving</li><li>(c) Perform sterilization techniques</li><li>(d) Dispose of biohazardous materials</li></ul> | <p><b>(2) Specimen Collection</b></p> <ul style="list-style-type: none"><li>(a) Perform venipuncture</li><li>(b) Perform capillary puncture</li><li>(c) Obtain specimens for microbiological testing</li><li>(d) Instruct patients in the collection of a clean-catch mid-stream urine</li><li>(e) Instruct patients in the collection of fecal specimens</li></ul> <p><b>(3) Diagnostic Testing</b></p> <ul style="list-style-type: none"><li>(a) Perform electrocardiography</li><li>(b) Perform respiratory testing</li><li>(c) <b>CLIA Waived Tests:</b><ul style="list-style-type: none"><li>(i) Perform urinalysis</li><li>(ii) Perform hematology testing</li><li>(iii) Perform chemistry testing</li><li>(iv) Perform immunology testing</li><li>(v) Perform microbiology testing</li></ul></li></ul> <p><b>(4) Patient Care</b></p> <ul style="list-style-type: none"><li>(a) Perform telephone and in-person screening</li><li>(b) Obtain vital signs</li><li>(c) Obtain and record patient history</li><li>(d) Prepare and maintain examination and treatment areas</li><li>(e) Prepare patient for and assist with routine and specialty examinations</li><li>(f) Prepare patient for and assist with procedures, treatments, and minor office surgeries</li><li><b>(g) Apply pharmacology procedures to prepare and administer oral and parenteral (excluding IV) medications</b></li><li><b>(h) Maintain medication and immunization records</b></li><li>(i) Screen and follow-up test results</li></ul> |
|---|--|

**General (May be addressed in administrative, clinical or both)**

- |   |  |
|---|--|
| <p><b>(1) Professional Communications</b></p> <ul style="list-style-type: none"><li>(a) Respond to and initiate written communications</li><li>(b) Recognize and respond to verbal communications</li><li>(c) Recognize and respond to nonverbal communications</li><li>(d) Demonstrate telephone techniques</li></ul> <p><b>(2) Legal Concepts</b></p> <ul style="list-style-type: none"><li>(a) Identify and respond to issues of confidentiality</li><li>(b) Perform within legal and ethical boundaries</li><li>(c) Establish and maintain the medical record</li><li>(d) Document appropriately</li><li>(e) Demonstrate knowledge of federal and state health care legislation and regulations</li></ul> | <p><b>(3) Patient Instruction</b></p> <ul style="list-style-type: none"><li>(a) Explain general office policies</li><li>(b) Instruct individuals according to their needs</li><li>(c) Provide instruction for health maintenance and disease prevention</li><li>(d) Identify community resources</li></ul> <p><b>(4) Operational Functions</b></p> <ul style="list-style-type: none"><li>(a) Perform an inventory of supplies and equipment</li><li>(b) Perform routine maintenance of administrative and clinical equipment</li><li>(c) Utilize computer software to maintain office systems</li><li>(d) Use methods of quality control</li></ul> |
|---|--|



**File #88600-18821  
TKL28**

**From the Statutes and Rules of the official website of the Arizona Medical Board (<http://www.azmd.gov/>):**

**R4-16-101. Definitions**

Unless context otherwise requires, definitions prescribed under A.R.S. § 32-1401 and the following apply to this Chapter:

"Approved medical assistant training program" means a program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP); the Accrediting Bureau of Health Education Schools (ABHES); a medical assisting program accredited by any accrediting agency recognized by the United States Department of Education; or a training program designed and offered by a licensed allopathic physician that meets or exceeds any of the prescribed accrediting programs and verifies the entry-level competencies of a medical assistant prescribed under R4-16-402(A).

**ARTICLE 4. MEDICAL ASSISTANTS**

**R4-16-401. Medical Assistant Training Requirements**

A. A supervising physician or physician assistant shall ensure that a medical assistant satisfies one of the following training requirements before employing the medical assistant:

1. Completion of an approved medical assistant training program; or
2. Completion of an unapproved medical assistant training program and passage of the medical assistant examination administered by either the American Association of Medical Assistants or the American Medical Technologists.

B. This Section does not apply to any person who:

1. Before February 2, 2000:
  - a. Completed an unapproved medical assistant training program and was employed as a medical assistant after program completion; or
  - b. Was directly supervised by the same physician, physician group, or physician assistant for a minimum of 2000 hours; or
2. Completes a United States Armed Forces medical services training program.

**R4-16-402. Authorized Procedures for Medical Assistants**

A. A medical assistant may perform, under the direct supervision of a physician or a physician assistant, the medical procedures listed in the 2003 revised edition, Commission on Accreditation of Allied Health Education Program's, "Standards and Guidelines for an Accredited Educational Program for the Medical Assistant, Section (III)(C)(3)(a) through (III)(C)(3)(c)." This material is

incorporated by reference, does not include any later amendments or editions of the incorporated matter, and may be obtained from the publisher at 35 East Wacker Drive, Suite 1970, Chicago, Illinois 60601, [www.caahep.org](http://www.caahep.org), or the Arizona Medical Board at 9545 E. Doubletree Ranch Road, Scottsdale, AZ 85258, [www.azmd.gov](http://www.azmd.gov).

B. In addition to the medical procedures in subsection (A), a medical assistant may administer the following under the direct supervision of a physician or physician assistant:

1. Whirlpool treatments,
2. Diathermy treatments,
3. Electronic galvation stimulation treatments,
4. Ultrasound therapy,
5. Massage therapy,
6. Traction treatments,
7. Transcutaneous Nerve Stimulation unit treatments,
8. Hot and cold pack treatments, and
9. Small volume nebulizer treatments.



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[32-1456. Medical assistants; use of title; violation; classification](#)

A. A medical assistant may perform the following medical procedures under the direct supervision of a doctor of medicine, physician assistant or nurse practitioner:

1. Take body fluid specimens.
2. Administer injections.

B. The board by rule may prescribe other medical procedures which a medical assistant may perform under the direct supervision of a doctor of medicine, physician assistant or nurse practitioner on a determination by the board that the procedures may be competently performed by a medical assistant.

C. Without the direct supervision of a doctor of medicine, physician assistant or nurse practitioner, a medical assistant may perform the following tasks:

1. Billing and coding.
2. Verifying insurance.
3. Making patient appointments.
4. Scheduling.
5. Recording a doctor's findings in patient charts and transcribing materials in patient charts and records.
6. Performing visual acuity screening as part of a routine physical.
7. Taking and recording patient vital signs and medical history on medical records.

D. The board by rule shall prescribe medical assistant training requirements.

E. A person who uses the title medical assistant or a related abbreviation is guilty of a class 3 misdemeanor unless that person is working as a medical assistant under the direct supervision of a doctor of medicine, physician assistant or nurse practitioner.

telephone call and sighting the physician outside the patient's home did not waver throughout the pendency of the proceeding and was consistent with and supported by the patient's prior statements to other people. In re Suspension or Revocation of License of Joachim, OAL Dkt. No. BDS 7297-03, 2007 N.J. AGEN LEXIS 173, Initial Decision (April 5, 2007).

Since there was no justification for a limb length discrepancy examination in the record where a victim patient was being examined without a chaperone for a toe injury, and the surrounding circumstances showed that it was only a pretext to get the patient to disrobe, the physician's conduct constituted sexual misconduct and sexual harassment, and therefore was in violation of N.J.S.A. 45:1-21(h). In re Suspension or Revocation of License of Hakimi, OAL Dkt. No. BDS 11873-04, 2006 N.J. AGEN LEXIS 148, Initial Decision (February 24, 2006).

During years before adoption of regulation prohibiting licensee from engaging in sexual contact with a patient with whom he or she had a patient-physician relationship, it was not per se violation of the Medical Practices Act for a physician to engage in consensual sexual relations with patient. In the Matter of the Suspension or Revocation of the License of Costino, Jr. to Practice Medicine and Surgery in the State of New Jersey, 1998 N.J. AGEN LEXIS 1, N.J. Adm., Feb 24, 1998, (OAL DKT. NO. BDS 10628-94).

Psychiatrist's engaging in sexual relations with patient warrants suspension of medical license. In the Matter of the Suspension or Revocation of the License of Tricarico, 96 N.J.A.R.2d (BDS) 18.

Florida's revocation of physician's license for sexual misconduct supports New Jersey's license revocation. In the Matter of Vatakencherry, 96 N.J.A.R.2d (BDS) 1.

Sexually abusing patients while conducting gynecological examinations warranted revocation of license and imposition of fine. In Matter of Suspension or Revocation of License of Chunmuang, 93 N.J.A.R.2d (BDS) 27.

No proof of alleged sexual molestation by doctor. In Matter of Suspension and Revocation of License of Prada, 93 N.J.A.R.2d (BDS) 1.

Podiatrist's improper touching of female patients and relative of one patient constituted professional misconduct; license revoked and civil penalties imposed. In Matter of Suspension or Revocation of License of Schulman, 92 N.J.A.R.2d (BDS) 16.

#### **13:35-6.4 Delegation of administration of subcutaneous and intramuscular injections to certified medical assistants**

(a) The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise:

1. "Physician" means a doctor of medicine (M.D.), a doctor of osteopathic medicine (D.O.), or a doctor of podiatric medicine.

2. "Certified medical assistant" means a graduate of a post-secondary medical assisting education program accredited by the National Healthcare Association (NHA), or its successor, The Committee on Allied Health Education and Accreditation of the American Medical Association (CAHEA), or its successor; Accrediting Bureau of Health Education Schools (ABHES), or its successor; or any accrediting agency recognized by the U.S. Department of Education. The educational program shall include, at a minimum, 600 clock hours of instruction and shall encompass training in the administration of intramuscular and

subcutaneous injections and instruction and demonstration in: pertinent anatomy and physiology appropriate to injection procedures; choice of equipment; proper technique, including sterile technique; hazards and complications; and emergency procedures. The medical assistant must also maintain current certification from the Certifying Board of the American Association of Medical Assistants (AAMA), the National Center for Competency Testing (NCCT) or registration from the American Medical Technologists (AMT), or any other recognized certifying body approved by the Board.

(b) A physician may direct a certified medical assistant employed in the medical practice in which the physician practices medicine, to administer to the physician's patients an intradermal, intramuscular or subcutaneous injection in the limited circumstances set forth in this section, without being in violation of the pertinent professional practice act implemented by the Board, to the extent such conduct is permissible under any other pertinent law or rule administered by the Board or any other State agency.

(c) A physician may direct the administration of an injection by a certified medical assistant only where the following conditions are satisfied:

1. The physician has determined and documented that the certified medical assistant has the qualifications set forth in (a)2 above and has attained a satisfactory level of comprehension and experience in the administration of intramuscular and subcutaneous injection techniques.

2. The physician shall examine the patient to ascertain the nature of the trauma, disease or condition of the patient; to determine the appropriate treatment of the patient including administration of an injection; to assess the risks of such injection for a given patient and the diagnosed injury, disease or condition; and to determine that the anticipated benefits are likely to outweigh those risks.

3. The physician shall determine all components of the precise treatment to be given, including the type of injection to be utilized, dosage, method and area of administration, and any other factors peculiar to the risks, such as avoidance of administration sites on certain parts of the body. The physician shall assure that this information shall be written on the patient's record and made available at all times to the medical assistant carrying out the treatment instructions, who shall also be identified by name and credentials in the patient record on each occasion that an injection is administered.

4. The physician shall remain on the premises at all times that treatment orders for injections are being carried out by the assistant and shall be within reasonable proximity to the treatment room and available to observe, assess and take any necessary action regarding effectiveness, adverse reaction or any emergency.

5. The certified medical assistant shall wear a clearly visible identification badge indicating his or her name and credentials.

(d) The physician shall not direct the administration by a certified medical assistant of an injection which includes any of the following: any substance related to allergenic testing or treatment, local anesthetics, controlled dangerous substances, experimental drugs including any drug not having approval of the Food and Drug Administration (FDA), or any substance used as an antineoplastic chemotherapeutic agent with the exception of corticosteroids.

Amended by R.1989 d.532, effective October 16, 1989.

See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).

In (a)3, inserted "purchasing or" preceding "prescribing".

Repealed by R.1992 d.75, effective February 18, 1992 (operative April 15, 1992).

See: 23 N.J.R. 161(a), 23 N.J.R. 1063(a), 24 N.J.R. 626(a).

Section was "Prohibition of kickbacks, rebates or receiving a payment for services not rendered."

New Rule, R.1997 d.226, effective June 2, 1997.

See: 28 N.J.R. 2317(a), 28 N.J.R. 3512(a), 29 N.J.R. 2564(a).

Amended by R.1998 d.560, effective December 7, 1998.

See: 29 N.J.R. 4740(a), 30 N.J.R. 4247(b).

In (c), deleted former 4 and recodified former 5 and 6 as 4 and 5; and added (d).

Amended by R.1999 d.356, effective October 18, 1999.

See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).

In (a)2, inserted a reference to the National Center for Competency Testing.

Amended by R.2011 d.155, effective June 6, 2011.

See: 42 N.J.R. 1310(a), 43 N.J.R. 1359(b).

In (a)2, substituted "the National Healthcare Association (NHA), or its successor, The Committee on Allied Health Education and Accreditation of the American Medical Association (CAHEA)" for "CAHEA (The Committee on Allied Health Education and Accreditation of the American Medical Association)" and "Accrediting Bureau of Health Education Schools (ABHES)" for "ABHES (Accrediting Bureau of Health Education Schools)", and deleted a comma following "(NCCT)"; and in (b), inserted "intra-dermal,".

**13:35-6.5 Preparation of patient records, computerized records, access to or release of information; confidentiality, transfer or disposal of records**

(a) The following terms shall have the following meanings unless the context in which they appear indicates otherwise:

"Authorized representative" means, but is not necessarily limited to, a person who has been designated by the patient or a court to exercise rights under this section. An authorized representative may be the patient's attorney or an employee of an insurance carrier with whom the patient has a contract which provides that the carrier be given access to records to assess a claim for monetary benefits or reimbursement. If the patient is a minor, a parent or guardian who has custody (whether sole or joint) will be deemed to be an authorized representative, except where the condition being treated relates to pregnancy, sexually transmitted disease or substance abuse.

"Examinee" means a person who is the subject of professional examination where the purpose of that examination

is unrelated to treatment and where a report of the examination is to be supplied to a third party.

"Licensee" means any person licensed or authorized to engage in a health care profession regulated by the Board of Medical Examiners.

"Patient" means any person who is the recipient of a professional service rendered by a licensee for purposes of treatment or a consultation relating to treatment.

(b) Licensees shall prepare contemporaneous, permanent professional treatment records. Licensees shall also maintain records relating to billings made to patients and third-party carriers for professional services. All treatment records, bills and claim forms shall accurately reflect the treatment or services rendered. Treatment records shall be maintained for a period of seven years from the date of the most recent entry.

1. To the extent applicable, professional treatment records shall reflect:

- i. The dates of all treatments;
- ii. The patient complaint;
- iii. The history;
- iv. Findings on appropriate examination;
- v. Progress notes;
- vi. Any orders for tests or consultations and the results thereof;
- vii. Diagnosis or medical impression;
- viii. Treatment ordered, including specific dosages, quantities and strengths of medications including refills if prescribed, administered or dispensed, and recommended follow-up;
- ix. The identity of the treatment provider if the service is rendered in a setting in which more than one provider practices;
- x. Documentation when, in the reasonable exercise of the physician's judgment, the communication of test results is necessary and action thereon needs to be taken, but reasonable efforts made by the physician responsible for communication have been unsuccessful; and
- xi. Documentation of the existence of any advance directive for health care for an adult or emancipated minor, and associated pertinent information. Documented inquiry shall be made on the routine intake history form for a new patient who is a competent adult or emancipated minor. The treating doctor shall also make and document specific inquiry of or regarding a patient in appropriate circumstances, such as when providing treatment for a significant illness, or where an emergency has occurred presenting imminent threat to life, or where surgery is anticipated with use of general anesthesia.

# SOUTH DAKOTA BOARD OF NURSING

## MEDICAL ASSISTANTS

**36-9B-1 Medical Assistant Defined.** For the purposes of this chapter, a medical assistant is a professional multiskilled person who assists in all aspects of medical practice under the responsibility and **direct supervision** of a person licensed to practice medicine in the State of South Dakota. A medical assistant assists with patient care management, executes administrative and clinical procedures, and performs managerial and supervisory functions over unlicensed personnel.

[“Direct supervision” of a medical assistant means supervision of all activities performed by the medical assistant. Should the physician be unable to provide on-site supervision, supervision by a properly supervised physician’s assistant, nurse practitioner, or nurse midwife shall satisfy the medical assistant act’s direct supervision requirements. SD Joint Boards Definition 06/1994.]

**36-9B-2 Duties.** A medical assistant under the responsibility and direct supervision of a person licensed to practice medicine in the State of South Dakota may perform the following duties:

1. Performing clinical procedures to include:
  - a. Performing aseptic procedures
  - b. Taking vital signs
  - c. Preparing patients for examination
  - d. Phlebotomous blood withdrawal and nonintravenous injections
  - e. Observing and reporting patients' signs or symptoms
2. Administering basic first aid
3. Assisting with patient examinations or treatment
4. Operating office medical equipment
5. Collecting routine laboratory specimens
6. Administering medications by unit dosage
7. Performing basic laboratory procedures
8. Performing office procedures including all general administrative duties

**36-9B-3 Registration required.** No person may practice as a medical assistant unless that person is registered with the Board of Medical and Osteopathic Examiners pursuant to this chapter.

**36-9B-4 Application for registration--Renewal--Fees.** A medical assistant seeking registration under this chapter shall complete an application prescribed by the Board of Medical and Osteopathic Examiners and the Board of Nursing. The application shall be submitted to the Board of Medical and Osteopathic Examiners. A registration fee of ten dollars shall accompany the application and shall be paid to the Board of Medical and Osteopathic Examiners. The registration shall be renewed biennially by payment of a fee of five dollars. A registration not renewed by December thirty-first of the year of expiration lapses.

**36-9B-5 Registration by Board of Medical and Osteopathic Examiners.** The Board of Medical and Osteopathic Examiners shall register a medical assistant following the submission of an application by an applicant for registration who has graduated from an accredited school or a school which meets standards similar to an accredited school and has met other qualifications established by the Board of Medical and Osteopathic Examiners and the Board of Nursing.

An applicant for registration is exempt from the requirements of this section if the application is received by the Board of Medical and Osteopathic Examiners by January 1, 1992.

**36-9B-6 Out-of-state applicant.** The Board of Medical and Osteopathic Examiners may register an applicant from outside the state whose education and training are substantially the same as that received from an approved school in this state and who meets the other qualifications established by the Board of Medical and Osteopathic Examiners and the Board of Nursing.

**36-9B-7 Promulgation of rules for application and registration.** The Board of Medical and Osteopathic Examiners and the Board of Nursing may adopt rules for medical assistants in the following areas:

1. Contents of applications
2. Qualifications of applicants
3. Approval of schools other than those which are accredited
4. Renewal of registration

[Note: No RULES outside of statute exist as of March 2004.]

**36-9B-8 Revocation or suspension of registration--Committee.** The registration of a medical assistant may be revoked or suspended upon violation of any section of this chapter. The proceedings for suspension or revocation of a registration may be initiated by a joint committee comprised of two members of the Board of Medical and Osteopathic Examiners and two

members of the Board of Nursing. All proceedings concerning the revocation or suspension of a registration shall conform to contested case procedure set forth in [Chapter 1-26](#).

[36-9B-9](#) Hospital privileges. Nothing in this chapter permits a medical assistant to provide services in a hospital licensed pursuant to chapter 34-12 unless the hospital has specifically granted such privileges.

**Questions? Please contact**  
**the [South Dakota Board of Medical & Osteopathic Examiners](#)**  
**or the [South Dakota Board of Nursing](#)**

MA Scope of Practice Determination by Joint Board of Nursing and Medical & Osteopathic Examiners

1. Supervision: The Joint Board committee approved the following definition of physician “direct supervision” of the medical assistant:

Direct supervision of a medical assistant means supervision of all activities performed by the MA. Should the physician be unable to provide on-site supervision, such supervision by a properly supervised physician’s assistant, nurse practitioner, or nurse midwife shall satisfy the supervisory requirement. June 1994.

2. Administration of Medications: The Joint Board affirmed at their meeting conducted on September 15, 1993, the following in regards to the medical assistant scope of practice:
  1. Does not include injection of insulin;
  2. Does not include arterial withdrawal of blood, but does include venous withdrawal of blood;
  3. Does include administration of medications by unit dose, which means medication prepared in the exact amount, in an individual packet, for a specific patient; and
  4. Does not include patient education.

The Joint Board committee met on April 25, 1994 and provided additional clarification on these scope of practice questions regarding the medical assistant:

1. The medical assistant may report diagnostic lab findings to patients only after appropriate interpretation by the physician;
2. The medical assistant may only provide education information to the patient and may not perform health teaching or counseling;
3. The medical assistant may perform EKG’s and glucose testing;
4. The medical assistant may not administer medications which require calculation of a dose;
5. [Reversed 9/95]
6. The medical assistant may only distribute pre-printed information to a patient on medications and inhalers;
7. The medical assistant may not administer nebulizer treatments and is only allowed to perform simple oxygen administration, incentive spirometry or chest physiotherapy (as outlined in the Respiratory Care Practitioners law);
8. [Reversed 9/95]
9. The medical assistant may not perform irrigations for ostomy/stoma care;
10. The medical assistant may apply ace bandages and splints to extremities; and
11. The medical assistant may only perform suprapubic catheterizations involving an established fistula.



### 3. Medical Assistant Role

In response to a request for clarification, these areas were identified as appropriate for medical assistants by a Joint Board committee December 1994:

1. Skin testing performed by intradermal technique.
2. Skin testing performed by the scratch technique.

At the September 20, 1995 Joint Board Meeting, discussion was held regarding medical assistant letters of inquiry. It was determined that:

1. Medical Assistants are permitted to administer medications from either a single or multi dose vial as long as the supervising physician assures appropriate training, competence, and assumes ultimate responsibility for administration of such drugs; and

#### Telephoning of Prescriptions

At the September 20, 1995 Joint Board Meeting, discussion was held regarding medical assistant letters of inquiry. It was determined that:

1. Medical Assistants are permitted to telephone prescriptions to a pharmacy pursuant to their supervising physician's written or verbal order.

[Redacted]

### [Medical Assistant Registration through South Dakota Board of Medical and Osteopathic Examiners](#)

[Redacted]

[Redacted]

Definition: Medical assisting is an allied health profession whose practitioners function as members of the health care delivery team and perform administrative and clinical procedures.

The designation Certified Medical Assistant (CMA) indicates that the individual is a graduate of a CAAHEP (Commission on Accreditation of Allied Health Education Programs) accredited medical assisting program, has passed the Certification Examination of the American Association of Medical Assistants (AAMA), and maintains currency of the CMA credential.

Qualifications: A graduate of a CAAHEP accredited medical assisting program with a current CMA credential, not to preclude those CMAs who acquired the credential prior to February 1, 1998, and maintain currency of the CMA credential.

Scope of Practice: CMAs perform delegated clinical and administrative duties within the supervising physician's scope of practice consistent with the CMA's education, training, and experience. Such duties shall not constitute practice of medicine.

Supervision: Physician supervision shall be active and continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place that services are rendered.

(Approved by the AAMA Board of Trustees at its March 9-12, 2000 meeting.)

[Redacted]

### Medical Assisting Career

#### **Nature of Work**

Medical assistants perform routine administrative and clinical tasks to keep the offices and clinics of physicians, podiatrists, chiropractors, and optometrists running smoothly. They should not be confused with physician assistants who examine, diagnose, and treat patients under the direct supervision of a physician.

Duties of medical assistants vary from office to office, depending on office location, size, and specialty. In small practices, medical assistants are usually “generalists,” handling both administrative and clinical duties and reporting directly to an office manager, physician, or other health practitioner. Those in large practices tend to specialize in a particular area under the supervision of department administrators.

Medical assistants perform many administrative duties. They answer telephones, greet patients, update and file patient medical records, fill out insurance form, handle correspondence, schedule appointments, arrange for hospital admission and laboratory services, and handle billing and bookkeeping.

Clinical duties vary according to state law and include taking medical histories and recording vital signs, explaining treatment procedures to patients, preparing patients for examination, and assisting the physician during the examination. Medical assistants collect and prepare laboratory specimens or perform basic laboratory tests on the premises, dispose of contaminated supplies, and sterilize medical instruments. They instruct patients about medication and special diets, prepare and administer medications as directed by a physician, authorize drug refills as directed, telephone prescriptions to a pharmacy, draw blood, prepare patients for x-rays, take electrocardiograms, remove sutures, and change dressings.

Medical assistants may also arrange examining room instruments and equipment, purchase and maintain supplies and equipment, and keep waiting and examining rooms neat and clean.

Assistants who specialize have additional duties. *Podiatric medical assistants* make castings of feet, expose and develop x-rays, and assist podiatrists in surgery. *Ophthalmic medical assistants* help ophthalmologists provide medical eye care. They administer diagnostic tests, measure and record vision, and test eye muscle function. They also show patients how to insert, remove, and care for contact lenses; and they apply eye dressings. Under the direction of a physician, they may administer eye medications. They also maintain optical and surgical instruments and may assist the ophthalmologist in surgery.

### **Employment**

Medical assistants held about 329,000 jobs in 2000. Sixty percent were in physicians’ offices, and about 15 percent were in hospitals, including inpatient and outpatient facilities. The rest were in nursing homes, office of other health practitioners, and other health care facilities.

### **Training and Other Qualifications**

Most employers prefer to hire graduates of formal programs in medical assisting, such as are offered in vocational-technical high schools, postsecondary vocational schools, community and junior colleges, and colleges and universities. Postsecondary programs usually last either one year, resulting in a certificate or diploma, or two years, resulting in an associate degree. Courses cover anatomy, physiology, and medical terminology, as well as typing, transcription, record keeping, accounting, and insurance processing. Students learn laboratory techniques, clinical and diagnostic procedures, pharmaceutical principles, medication administration, and first aid. They study office practices, patient relations, medical law, and ethics. Accredited programs include an externship providing practical experience in physicians’ offices, hospitals, or other health care facilities.

Formal training in medical assisting, while generally preferred, is not always required. Some medical assistants are trained on the job, although this is less common than in the past. Applicants usually need a high school diploma or the equivalent. Recommended high school courses include mathematics, health, biology, typing, bookkeeping, computers, and office skills. Volunteer experience in the health care field is also helpful.

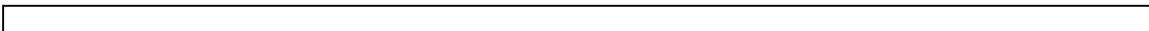
Two agencies accredit programs in medical assisting: the Commission on Accreditation of Allied Health Education Programs ([CAAHEP](#)) and the Accrediting Bureau of Health Education Schools ([ABHES](#)). In 1999, there were about 450 medical assisting programs accredited by CAAHEP and over 140 accredited by ABHES. The Committee on Accreditation for Ophthalmic Medical Personnel accredited 14 programs in ophthalmic medical assisting.

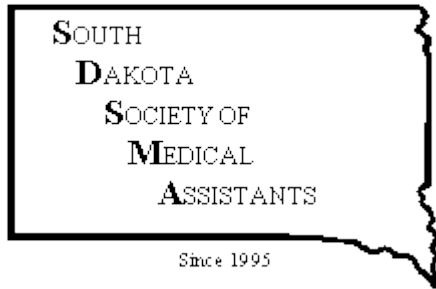
Although there is no licensing for medical assistants, some states require them to take a test or a course before they can perform certain tasks, such as taking x-rays.

Medical assistants may be able to advance to office manager. They may qualify for a variety of administrative support occupations, or may teach medical assisting. Some, with additional education, may enter other health occupations such as nursing and medical technology.

### **CMA and RMA credentialing**

The Certified Medical Assistant (CMA) and Registered Medical Assistant (RMA) are both voluntary, national credentials for the medical assisting profession. The CMA is awarded by the Certifying Board of the American Association of Medical Assistants organization; the RMA is given by the American Medical Technologists.





An affiliate of the [American Association of Medical Assistants](#)

**CODE OF ETHICS:** The Code of Ethics of the South Dakota Society of Medical Assistants shall set forth the principles of ethical and moral conduct as they relate to the medical profession and the particular practice of medical assisting.

Members of the South Dakota Society of Medical Assistants are dedicated to the conscientious pursuit of their profession, and thus, desiring to merit the high regard of the entire medical profession and the respect of the general public which they serve, do pledge themselves to strive always to:

1. Render service with full respect for the dignity of humanity;
2. Respect confidential information obtained through employment unless legally authorized or required by responsible performance of duty to divulge such information;
3. Uphold the honor and high principles of the profession and accept its disciplines;
4. Seek to continually improve the knowledge and skills of medical assistants for the benefit of patients and professional colleagues;
5. Participate in additional service activities toward improving the health and well-being of the community.

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| Medical Assistant Training Programs in South Dakota accredited by CAAHEP as of April 2006 |   |   |
|---|---|---|
| Colorado Technical University<br>Degree: AS   | 3901 West 59 <sup>th</sup> Street<br>Sioux Falls SD 57108 | Program Director Brenda Hartson<br>Phone: (605) 361-0200  |
| Lake Area Technical Institute<br>Degree: AAS  | 230 11 <sup>th</sup> Street NE<br>Watertown SD 57201      | Program Director Audrey Rausch<br>Phone: (605) 882-5284   |
| Mitchell Technical Institute<br>Degree: AAS   | 821 N Capital<br>Mitchell SD 57301                        | Program Director Corinne Hoffman<br>Phone: (605) 995-3024 |
| National American University<br>Degree: AAS   | 2801 S Kiwanis Avenue<br>Sioux Falls SD 57105             | Program Director Gale Folsland<br>Phone: (605) 334-5430   |
| Presentation College<br>Degree: AS  | 1500 North Main<br>Aberdeen SD 57401                      | Program Director Mary Gjernes<br>Phone: (605) 229-8544    |

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**MEDICAL ASSISTANT PROGRAM – SAMPLE CURRICULUM SCHEDULE**

**FIRST YEAR**

| <b>1<sup>ST</sup> SEMESTER</b> | <b>CREDIT HOURS</b> | <b>2<sup>ND</sup> SEMESTER</b> | <b>CREDIT HOURS</b> |
|--------------------------------|---------------------|--------------------------------|---------------------|
| Anatomy & Physiology           | 4                   | Anatomy & Physiology           | 4                   |
| College Comp                   | 3                   | Intro to Literature            | 3                   |
| College Exp                    | 1                   | Intro to Phleb                 | 1                   |
| Psychology Elec                | 3                   | Urinalysis                     | 2                   |
| WP/dBase                       | 3                   | Intro to HI Mgt                | 3                   |
| Christian Trad                 | 3                   | Intro to CMS                   | 3                   |
| SEMESTER TOTAL                 | 17                  | SEMESTER TOTAL                 | 16                  |

**SUMMER SESSION**

|                |   |
|----------------|---|
| Orient to ML   | 2 |
| Med Transcript | 3 |
| Limited Radiol | 1 |
| SESSION TOTAL  | 6 |

**SECOND YEAR**

| <b>3<sup>RD</sup> SEMESTER</b> | <b>CREDIT HOURS</b> | <b>4<sup>TH</sup> SEMESTER</b> | <b>CREDIT HOURS</b> |
|--------------------------------|---------------------|--------------------------------|---------------------|
| Med Terminology                | 2                   | Med Assisting II               | 3                   |
| Communic Skills                | 3                   | MA Externship                  | 12                  |
| Med Assisting I                | 4                   |                                |                     |
| Christian Moral                | 3                   |                                |                     |
| Soc & Beh Sc EI                | 3                   |                                |                     |
| SEMESTER TOTAL                 | 15                  | SEMESTER TOTAL                 | 15                  |

**TOTAL CREDIT HOURS REQUIRED: 69**

CERTIFICATION OF ENROLLMENT  
**ENGROSSED SUBSTITUTE SENATE BILL 6237**

62nd Legislature  
2012 Regular Session

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

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**President of the Senate**

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

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**Speaker of the House of Representatives**

Approved

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**Governor of the State of Washington**

CERTIFICATE

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.

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**Secretary**

FILED

**Secretary of State  
State of Washington**

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**ENGROSSED SUBSTITUTE SENATE BILL 6237**

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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.

1            AN ACT Relating to creating a career pathway for medical  
2 assistants; amending RCW 18.79.340, 18.120.020, 18.120.020, 18.130.040,  
3 18.130.040, and 18.135.055; adding a new chapter to Title 18 RCW;  
4 creating a new section; repealing RCW 18.135.010, 18.135.020,  
5 18.135.025, 18.135.030, 18.135.035, 18.135.040, 18.135.050, 18.135.055,  
6 18.135.060, 18.135.062, 18.135.065, 18.135.070, 18.135.090, 18.135.100,  
7 18.135.110, and 18.135.120; and providing effective dates.

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

9            NEW SECTION.        **Sec. 1.**        The legislature finds that medical  
10 assistants are health professionals specifically trained to work in  
11 settings such as physicians' offices, clinics, group practices, and  
12 other health care facilities. These multiskilled personnel are trained  
13 to perform administrative and clinical procedures under the supervision  
14 of health care providers. Physicians value this unique versatility  
15 more and more because of the skills of medical assistants and their  
16 ability to contain costs and manage human resources efficiently. The  
17 demand for medical assistants is expanding rapidly. The efficient and  
18 effective delivery of health care in Washington will be improved by  
19 recognizing the valuable contributions of medical assistants, and

1 providing statutory support for medical assistants in Washington state.  
2 The legislature further finds that rural and small medical practices  
3 and clinics may have limited access to formally trained medical  
4 assistants. The legislature further intends that the secretary of  
5 health develop recommendations for a career ladder that includes  
6 medical assistants.

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

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

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

15 (3) "Health care practitioner" means:

16 (a) A physician licensed under chapter 18.71 RCW;

17 (b) An osteopathic physician and surgeon licensed under chapter  
18 18.57 RCW; or

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

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

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

35 (6) "Medical assistant-phlebotomist" means a person certified under  
36 section 5 of this act who performs capillary, venous, and arterial

1 invasive procedures for blood withdrawal and other functions pursuant  
2 to section 6 of this act under the supervision of a health care  
3 practitioner.

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

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

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

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

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

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

29 (2) The secretary shall adopt rules that establish the minimum  
30 requirements necessary for a health care practitioner, clinic, or group  
31 practice to endorse a medical assistant as qualified to perform the  
32 duties authorized by this chapter and be able to file an attestation of  
33 that endorsement with the department.

34 (3) The medical quality assurance commission, the board of  
35 osteopathic medicine and surgery, the podiatric medical board, the  
36 nursing care quality assurance commission, the board of naturopathy,



1 and the optometry board shall each review and identify other specialty  
2 assistive personnel not included in this chapter and the tasks they  
3 perform. The department of health shall compile the information from  
4 each disciplining authority listed in this subsection and submit the  
5 compiled information to the legislature no later than December 15,  
6 2012.

7 NEW SECTION. **Sec. 5.** (1)(a) The secretary shall issue a  
8 certification as a medical assistant-certified to any person who has  
9 satisfactorily completed a medical assistant training program approved  
10 by the secretary, passed an examination approved by the secretary, and  
11 met any additional qualifications established under section 4 of this  
12 act.

13 (b) The secretary shall issue an interim certification to any  
14 person who has met all of the qualifications in (a) of this subsection,  
15 except for the passage of the examination. A person holding an interim  
16 permit possesses the full scope of practice of a medical assistant-  
17 certified. The interim permit expires upon passage of the examination  
18 or after one year, whichever occurs first, and may not be renewed.

19 (2) The secretary shall issue a certification as a medical  
20 assistant-hemodialysis technician to any person who meets the  
21 qualifications for a medical assistant-hemodialysis technician  
22 established under section 4 of this act.

23 (3) The secretary shall issue a certification as a medical  
24 assistant-phlebotomist to any person who meets the qualifications for  
25 a medical assistant-phlebotomist established under section 4 of this  
26 act.

27 (4)(a) The secretary shall issue a registration as a medical  
28 assistant-registered to any person who has a current endorsement from  
29 a health care practitioner, clinic, or group practice.

30 (b) In order to be endorsed under this subsection (4), a person  
31 must:

32 (i) Be endorsed by a health care practitioner, clinic, or group  
33 practice that meets the qualifications established under section 4 of  
34 this act; and

35 (ii) Have a current attestation of his or her endorsement to  
36 perform specific medical tasks signed by a supervising health care

1 practitioner filed with the department. A medical assistant-registered  
2 may only perform the medical tasks listed in his or her current  
3 attestation of endorsement.

4 (c) A registration based on an endorsement by a health care  
5 practitioner, clinic, or group practice is not transferrable to another  
6 health care practitioner, clinic, or group practice.

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

9 NEW SECTION. **Sec. 6.** (1) A medical assistant-certified may  
10 perform the following duties delegated by, and under the supervision  
11 of, a health care practitioner:

12 (a) Fundamental procedures:

13 (i) Wrapping items for autoclaving;

14 (ii) Procedures for sterilizing equipment and instruments;

15 (iii) Disposing of biohazardous materials; and

16 (iv) Practicing standard precautions.

17 (b) Clinical procedures:

18 (i) Performing aseptic procedures in a setting other than a  
19 hospital licensed under chapter 70.41 RCW;

20 (ii) Preparing of and assisting in sterile procedures in a setting  
21 other than a hospital under chapter 70.41 RCW;

22 (iii) Taking vital signs;

23 (iv) Preparing patients for examination;

24 (v) Capillary blood withdrawal, venipuncture, and intradermal,  
25 subcutaneous, and intramuscular injections; and

26 (vi) Observing and reporting patients' signs or symptoms.

27 (c) Specimen collection:

28 (i) Capillary puncture and venipuncture;

29 (ii) Obtaining specimens for microbiological testing; and

30 (iii) Instructing patients in proper technique to collect urine and  
31 fecal specimens.

32 (d) Diagnostic testing:

33 (i) Electrocardiography;

34 (ii) Respiratory testing; and

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

1 The department shall periodically update the tests authorized under  
2 this subsection (1)(d) based on changes made by the federal clinical  
3 laboratory improvement amendments program.

4 (e) Patient care:

5 (i) Telephone and in-person screening limited to intake and  
6 gathering of information without requiring the exercise of judgment  
7 based on clinical knowledge;

8 (ii) Obtaining vital signs;

9 (iii) Obtaining and recording patient history;

10 (iv) Preparing and maintaining examination and treatment areas;

11 (v) Preparing patients for, and assisting with, routine and  
12 specialty examinations, procedures, treatments, and minor office  
13 surgeries;

14 (vi) Maintaining medication and immunization records; and

15 (vii) Screening and following up on test results as directed by a  
16 health care practitioner.

17 (f)(i) Administering medications. A medical assistant-certified  
18 may only administer medications if the drugs are:

19 (A) Administered only by unit or single dosage, or by a dosage  
20 calculated and verified by a health care practitioner. For purposes of  
21 this section, a combination vaccine shall be considered a unit dose;

22 (B) Limited to legend drugs, vaccines, and Schedule III-V  
23 controlled substances as authorized by a health care practitioner under  
24 the scope of his or her license and consistent with rules adopted by  
25 the secretary under (f)(ii) of this subsection; and

26 (C) Administered pursuant to a written order from a health care  
27 practitioner.

28 (ii) The secretary may, by rule, limit the drugs that may be  
29 administered under this subsection. The rules adopted under this  
30 subsection must limit the drugs based on risk, class, or route.

31 (g) Intravenous injections. A medical assistant-certified may  
32 administer intravenous injections for diagnostic or therapeutic agents  
33 if he or she meets minimum standards established by the secretary in  
34 rule. The minimum standards must be substantially similar to the  
35 qualifications for category D and F health care assistants as they  
36 exist on the effective date of this section.

37 (2) A medical assistant-hemodialysis technician may perform  
38 hemodialysis when delegated and supervised by a health care

1 practitioner. A medical assistant-hemodialysis technician may also  
2 administer drugs and oxygen to a patient when delegated and supervised  
3 by a health care practitioner and pursuant to rules adopted by the  
4 secretary.

5 (3) A medical assistant-phlebotomist may perform capillary, venous,  
6 or arterial invasive procedures for blood withdrawal when delegated and  
7 supervised by a health care practitioner and pursuant to rules adopted  
8 by the secretary.

9 (4) A medical assistant-registered may perform the following duties  
10 delegated by, and under the supervision of, a health care practitioner:

- 11 (a) Fundamental procedures:
  - 12 (i) Wrapping items for autoclaving;
  - 13 (ii) Procedures for sterilizing equipment and instruments;
  - 14 (iii) Disposing of biohazardous materials; and
  - 15 (iv) Practicing standard precautions.

- 16 (b) Clinical procedures:
  - 17 (i) Preparing for sterile procedures;
  - 18 (ii) Taking vital signs;
  - 19 (iii) Preparing patients for examination; and
  - 20 (iv) Observing and reporting patients' signs or symptoms.

- 21 (c) Specimen collection:
  - 22 (i) Obtaining specimens for microbiological testing; and
  - 23 (ii) Instructing patients in proper technique to collect urine and  
24 fecal specimens.

- 25 (d) Patient care:
  - 26 (i) Telephone and in-person screening limited to intake and  
27 gathering of information without requiring the exercise of judgment  
28 based on clinical knowledge;

- 29 (ii) Obtaining vital signs;
- 30 (iii) Obtaining and recording patient history;
- 31 (iv) Preparing and maintaining examination and treatment areas;
- 32 (v) Maintaining medication and immunization records; and
- 33 (vi) Screening and following up on test results as directed by a  
34 health care practitioner.

35 (e) Tests waived under the federal clinical laboratory improvement  
36 amendments program on the effective date of this section. The  
37 department shall periodically update the tests authorized under

1 subsection (1)(d) of this section based on changes made by the federal  
2 clinical laboratory improvement amendments program.

3 (f) Administering vaccines, including combination vaccines.

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

7 (a) That the task is within that health care practitioner's scope  
8 of licensure or authority;

9 (b) That the task is indicated for the patient;

10 (c) The appropriate level of supervision;

11 (d) That no law prohibits the delegation;

12 (e) That the person to whom the task will be delegated is competent  
13 to perform that task; and

14 (f) That the task itself is one that should be appropriately  
15 delegated when considering the following factors:

16 (i) That the task can be performed without requiring the exercise  
17 of judgment based on clinical knowledge;

18 (ii) That results of the task are reasonably predictable;

19 (iii) That the task can be performed without a need for complex  
20 observations or critical decisions;

21 (iv) That the task can be performed without repeated clinical  
22 assessments; and

23 (v) That the task, if performed improperly, would not present life-  
24 threatening consequences or the danger of immediate and serious harm to  
25 the patient.

26 (2) Nothing in this section prohibits the use of protocols that do  
27 not involve clinical judgment and do not involve the administration of  
28 medications, other than vaccines.

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

31 (a) Adopt rules, in accordance with chapter 34.05 RCW, necessary to  
32 implement this chapter;

33 (b) Establish forms and procedures necessary to administer this  
34 chapter;

35 (c) Establish administrative procedures, administrative  
36 requirements, and fees in accordance with RCW 43.70.250 and 43.70.280.

1 Until July 1, 2016, for purposes of setting fees under this section,  
2 the secretary shall consider persons registered or certified under this  
3 chapter and health care assistants, certified under chapter 18.135 RCW,  
4 as one profession;

5 (d) Hire clerical, administrative, and investigative staff as  
6 needed to implement and administer this chapter;

7 (e) Maintain the official department of health record of all  
8 applicants and credential holders; and

9 (f) Establish requirements and procedures for an inactive  
10 registration or certification.

11 (2) The uniform disciplinary act, chapter 18.130 RCW, governs  
12 unlicensed practice, the issuance and denial of a registration or  
13 certification, and the discipline of persons registered or certified  
14 under this chapter.

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

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

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

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

35 (1) A person licensed under this title performing services within  
36 his or her scope of practice;

1 (2) A person performing functions in the discharge of official  
2 duties on behalf of the United States government including, but not  
3 limited to, the armed forces, coast guard, public health service,  
4 veterans' bureau, or bureau of Indian affairs;

5 (3) A person trained by a federally approved end-stage renal  
6 disease facility who performs end-stage renal dialysis in the home  
7 setting;

8 (4) A person registered or certified under this chapter from  
9 performing blood-drawing procedures in the residences of research study  
10 participants when the procedures have been authorized by the  
11 institutional review board of a comprehensive cancer center or  
12 nonprofit degree-granting institution of higher education and are  
13 conducted under the general supervision of a physician; or

14 (5) A person participating in an externship as part of an approved  
15 medical assistant training program under the direct supervision of an  
16 on-site health care provider.

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

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

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

3       (1) "Nursing technician" means a nursing student employed in a  
4 hospital licensed under chapter 70.41 RCW, a clinic, or a nursing home  
5 licensed under chapter 18.51 RCW, who:

6       (a) Is currently enrolled in good standing in a nursing program  
7 approved by the commission and has not graduated; or

8       (b) Is a graduate of a nursing program approved by the commission  
9 who graduated:

10       (i) Within the past thirty days; or

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

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

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

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

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

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

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

34       (3) "Grandfather clause" means a provision in a regulatory statute  
35 applicable to practitioners actively engaged in the regulated health  
36 profession prior to the effective date of the regulatory statute which



1 exempts the practitioners from meeting the prerequisite qualifications  
2 set forth in the regulatory statute to perform prescribed occupational  
3 tasks.

4 (4) "Health professions" means and includes the following health  
5 and health-related licensed or regulated professions and occupations:  
6 Podiatric medicine and surgery under chapter 18.22 RCW; chiropractic  
7 under chapter 18.25 RCW; dental hygiene under chapter 18.29 RCW;  
8 dentistry under chapter 18.32 RCW; denturism under chapter 18.30 RCW;  
9 dispensing opticians under chapter 18.34 RCW; hearing instruments under  
10 chapter 18.35 RCW; naturopaths under chapter 18.36A RCW; embalming and  
11 funeral directing under chapter 18.39 RCW; midwifery under chapter  
12 18.50 RCW; nursing home administration under chapter 18.52 RCW;  
13 optometry under chapters 18.53 and 18.54 RCW; ocularists under chapter  
14 18.55 RCW; osteopathic medicine and surgery under chapters 18.57 and  
15 18.57A RCW; pharmacy under chapters 18.64 and 18.64A RCW; medicine  
16 under chapters 18.71 and 18.71A RCW; emergency medicine under chapter  
17 18.73 RCW; physical therapy under chapter 18.74 RCW; practical nurses  
18 under chapter 18.79 RCW; psychologists under chapter 18.83 RCW;  
19 registered nurses under chapter 18.79 RCW; occupational therapists  
20 licensed under chapter 18.59 RCW; respiratory care practitioners  
21 licensed under chapter 18.89 RCW; veterinarians and veterinary  
22 technicians under chapter 18.92 RCW; health care assistants under  
23 chapter 18.135 RCW; massage practitioners under chapter 18.108 RCW;  
24 East Asian medicine practitioners licensed under chapter 18.06 RCW;  
25 persons registered under chapter 18.19 RCW; persons licensed as mental  
26 health counselors, marriage and family therapists, and social workers  
27 under chapter 18.225 RCW; dietitians and nutritionists certified by  
28 chapter 18.138 RCW; radiologic technicians under chapter 18.84 RCW;  
29 ~~((and))~~ nursing assistants registered or certified under chapter 18.88A  
30 RCW; and medical assistants-certified, medical assistants-hemodialysis  
31 technician, medical assistants-phlebotomist, and medical assistants-  
32 registered certified and registered under chapter 18.--- RCW (the new  
33 chapter created in section 19 of this act).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21           (4) "Health professions" means and includes the following health  
22 and health-related licensed or regulated professions and occupations:  
23 Podiatric medicine and surgery under chapter 18.22 RCW; chiropractic  
24 under chapter 18.25 RCW; dental hygiene under chapter 18.29 RCW;  
25 dentistry under chapter 18.32 RCW; denturism under chapter 18.30 RCW;  
26 dispensing opticians under chapter 18.34 RCW; hearing instruments under  
27 chapter 18.35 RCW; naturopaths under chapter 18.36A RCW; embalming and  
28 funeral directing under chapter 18.39 RCW; midwifery under chapter  
29 18.50 RCW; nursing home administration under chapter 18.52 RCW;  
30 optometry under chapters 18.53 and 18.54 RCW; ocularists under chapter  
31 18.55 RCW; osteopathic medicine and surgery under chapters 18.57 and  
32 18.57A RCW; pharmacy under chapters 18.64 and 18.64A RCW; medicine  
33 under chapters 18.71 and 18.71A RCW; emergency medicine under chapter  
34 18.73 RCW; physical therapy under chapter 18.74 RCW; practical nurses  
35 under chapter 18.79 RCW; psychologists under chapter 18.83 RCW;  
36 registered nurses under chapter 18.79 RCW; occupational therapists  
37 licensed under chapter 18.59 RCW; respiratory care practitioners  
38 licensed under chapter 18.89 RCW; veterinarians and veterinary

1 technicians under chapter 18.92 RCW; (~~health care assistants under~~  
2 ~~chapter 18.135 RCW;~~) massage practitioners under chapter 18.108 RCW;  
3 East Asian medicine practitioners licensed under chapter 18.06 RCW;  
4 persons registered under chapter 18.19 RCW; persons licensed as mental  
5 health counselors, marriage and family therapists, and social workers  
6 under chapter 18.225 RCW; dietitians and nutritionists certified by  
7 chapter 18.138 RCW; radiologic technicians under chapter 18.84 RCW;  
8 nursing assistants registered or certified under chapter 18.88A RCW;  
9 and medical assistants-certified, medical assistants-hemodialysis  
10 technician, medical assistants-phlebotomist, and medical assistants-  
11 registered certified and registered under chapter 18.--- RCW (the new  
12 chapter created in section 19 of this act).

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

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

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

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

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

34 (10) "Public member" means an individual who is not, and never was,  
35 a member of the health profession being regulated or the spouse of a  
36 member, or an individual who does not have and never has had a material  
37 financial interest in either the rendering of the health professional

1 service being regulated or an activity directly related to the  
2 profession being regulated.

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

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

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

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

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

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

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

28 (ii) Midwives licensed under chapter 18.50 RCW;

29 (iii) Ocularists licensed under chapter 18.55 RCW;

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

32 (v) Dental hygienists licensed under chapter 18.29 RCW;

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

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

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

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

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

10 (xi) Persons registered as nursing pool operators under chapter  
11 18.52C RCW;

12 (xii) Nursing assistants registered or certified under chapter  
13 18.88A RCW;

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

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

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

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

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

23 (xviii) Denturists licensed under chapter 18.30 RCW;

24 (xix) Orthotists and prosthetists licensed under chapter 18.200  
25 RCW;

26 (xx) Surgical technologists registered under chapter 18.215 RCW;

27 (xxi) Recreational therapists (~~(under chapter 18.230 RCW)~~) under  
28 chapter 18.230 RCW;

29 (xxii) Animal massage practitioners certified under chapter 18.240  
30 RCW;

31 (xxiii) Athletic trainers licensed under chapter 18.250 RCW;

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

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

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

1 (b) The boards and commissions having authority under this chapter  
2 are as follows:

3 (i) The podiatric medical board as established in chapter 18.22  
4 RCW;

5 (ii) The chiropractic quality assurance commission as established  
6 in chapter 18.25 RCW;

7 (iii) The dental quality assurance commission as established in  
8 chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW and  
9 licenses and registrations issued under chapter 18.260 RCW;

10 (iv) The board of hearing and speech as established in chapter  
11 18.35 RCW;

12 (v) The board of examiners for nursing home administrators as  
13 established in chapter 18.52 RCW;

14 (vi) The optometry board as established in chapter 18.54 RCW  
15 governing licenses issued under chapter 18.53 RCW;

16 (vii) The board of osteopathic medicine and surgery as established  
17 in chapter 18.57 RCW governing licenses issued under chapters 18.57 and  
18 18.57A RCW;

19 (viii) The board of pharmacy as established in chapter 18.64 RCW  
20 governing licenses issued under chapters 18.64 and 18.64A RCW;

21 (ix) The medical quality assurance commission as established in  
22 chapter 18.71 RCW governing licenses and registrations issued under  
23 chapters 18.71 and 18.71A RCW;

24 (x) The board of physical therapy as established in chapter 18.74  
25 RCW;

26 (xi) The board of occupational therapy practice as established in  
27 chapter 18.59 RCW;

28 (xii) The nursing care quality assurance commission as established  
29 in chapter 18.79 RCW governing licenses and registrations issued under  
30 that chapter;

31 (xiii) The examining board of psychology and its disciplinary  
32 committee as established in chapter 18.83 RCW;

33 (xiv) The veterinary board of governors as established in chapter  
34 18.92 RCW; and

35 (xv) The board of naturopathy established in chapter 18.36A RCW.

36 (3) In addition to the authority to discipline license holders, the  
37 disciplining authority has the authority to grant or deny licenses.

1 The disciplining authority may also grant a license subject to  
2 conditions.

3 (4) All disciplining authorities shall adopt procedures to ensure  
4 substantially consistent application of this chapter, the Uniform  
5 Disciplinary Act, among the disciplining authorities listed in  
6 subsection (2) of this section.

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

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

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

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

18 (ii) Midwives licensed under chapter 18.50 RCW;

19 (iii) Ocularists licensed under chapter 18.55 RCW;

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

22 (v) Dental hygienists licensed under chapter 18.29 RCW;

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

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

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

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

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

36 (xi) Persons registered as nursing pool operators under chapter  
37 18.52C RCW;



1 (xii) Nursing assistants registered or certified under chapter  
2 18.88A RCW;

3 (~~xiii~~) (~~Health care assistants certified under chapter 18.135 RCW;~~  
4 ~~(xiv)~~) Dietitians and nutritionists certified under chapter 18.138  
5 RCW;

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

8 (~~(xvi)~~) (xv) Sex offender treatment providers and certified  
9 affiliate sex offender treatment providers certified under chapter  
10 18.155 RCW;

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

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

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

16 (~~(xx)~~) (xix) Surgical technologists registered under chapter  
17 18.215 RCW;

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

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

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

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

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

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

31 (b) The boards and commissions having authority under this chapter  
32 are as follows:

33 (i) The podiatric medical board as established in chapter 18.22  
34 RCW;

35 (ii) The chiropractic quality assurance commission as established  
36 in chapter 18.25 RCW;

37 (iii) The dental quality assurance commission as established in

1 chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW and  
2 licenses and registrations issued under chapter 18.260 RCW;

3 (iv) The board of hearing and speech as established in chapter  
4 18.35 RCW;

5 (v) The board of examiners for nursing home administrators as  
6 established in chapter 18.52 RCW;

7 (vi) The optometry board as established in chapter 18.54 RCW  
8 governing licenses issued under chapter 18.53 RCW;

9 (vii) The board of osteopathic medicine and surgery as established  
10 in chapter 18.57 RCW governing licenses issued under chapters 18.57 and  
11 18.57A RCW;

12 (viii) The board of pharmacy as established in chapter 18.64 RCW  
13 governing licenses issued under chapters 18.64 and 18.64A RCW;

14 (ix) The medical quality assurance commission as established in  
15 chapter 18.71 RCW governing licenses and registrations issued under  
16 chapters 18.71 and 18.71A RCW;

17 (x) The board of physical therapy as established in chapter 18.74  
18 RCW;

19 (xi) The board of occupational therapy practice as established in  
20 chapter 18.59 RCW;

21 (xii) The nursing care quality assurance commission as established  
22 in chapter 18.79 RCW governing licenses and registrations issued under  
23 that chapter;

24 (xiii) The examining board of psychology and its disciplinary  
25 committee as established in chapter 18.83 RCW;

26 (xiv) The veterinary board of governors as established in chapter  
27 18.92 RCW; and

28 (xv) The board of naturopathy established in chapter 18.36A RCW.

29 (3) In addition to the authority to discipline license holders, the  
30 disciplining authority has the authority to grant or deny licenses.  
31 The disciplining authority may also grant a license subject to  
32 conditions.

33 (4) All disciplining authorities shall adopt procedures to ensure  
34 substantially consistent application of this chapter, the Uniform  
35 Disciplinary Act, among the disciplining authorities listed in  
36 subsection (2) of this section.

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

3       The health care facility or health care practitioner registering an  
4 initial or continuing certification pursuant to the provisions of this  
5 chapter shall comply with administrative procedures, administrative  
6 requirements, and fees determined by the secretary as provided in RCW  
7 43.70.250 and 43.70.280. For the purposes of setting fees under this  
8 section, the secretary shall consider health care assistants and  
9 persons registered and certified under chapter 18.--- RCW (the new  
10 chapter created in section 19 of this act) as one profession.

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

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

15       NEW SECTION.     **Sec. 20.** The following acts or parts of acts, as now  
16 existing or hereafter amended, are each repealed, effective July 1,  
17 2016:

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

20       (2) RCW 18.135.020 (Definitions) and 2009 c 43 s 4, 2008 c 58 s 2,  
21 2001 c 22 s 2, & 1997 c 133 s 1;

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

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

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

28       (6) RCW 18.135.040 (Certification of health care assistants) and  
29 2006 c 242 s 3 & 1984 c 281 s 3;

30       (7) RCW 18.135.050 (Certification by health care facility or  
31 practitioner--Roster--Recertification) and 1996 c 191 s 82, 1991 c 3 s  
32 274, & 1984 c 281 s 5;

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

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

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

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

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

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

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

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

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

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

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

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

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