



**Medical Assistant ESSB 6237 Rules Workshop  
Department of Health Tumwater Campus  
August 28, 2012**

The department held a rules workshop on August 28, 2012 in Tumwater, WA. The purpose of this workshop was to gather stakeholder comments, questions, and concerns to consider during the rule writing process.

**Brief introductions, room orientation, and power point presentation by Department of Health staff**

**Public Testimony/Rules Discussion**

- A representative from ARNPs United of Washington State stated that:
  - Small business will have to adjust to changes in law
  - We need to keep patient safety in mind
  - Grandfathering should not be overly restrictive
- A representative from planned parenthood stated that:
  - There are concerns over a potentially cumbersome application process
  - Regulations should allow for growth
  - Transition groupings do not work – require training they won't use
  - Training curriculum are 9-12 months – this is a barrier
  - Supervision requirements seem to preclude telemedicine
- A representative from The Department of Labor and Industries (L&I) stated that:
  - L&I is looking at MAs as an apprentice able profession, and that
    - They would like to see rules allow it
    - Allows people to begin getting paid immediately
- A representative from Group Health Cooperative (GHC) stated that:
  - Group Health employs over 400 MAs
  - Rules should consider Institute of Medicine (IOM) report of safe medication practice and safe medication list
  - If medication errors occur, can lead to patient safety problems
  - Medical Assistant-Phlebotomist (MA-P) arterial sticks needs supervision
  - They have IV administration concerns—certain routes should be excluded

- Were willing to provide GHC's lists if needed
- A representative from Olympia Women's Health stated that:
  - The following tasks should be allowed under supervision in rule: chaperoning patients, cleaning and disinfecting rooms, limited venipuncture, vaccinations, deltoid injection with limitations, brachial IV in arms, drawing up medications in single or pre-mixed multi agents (with doctor in the room)
- A representative from the Washington State Nurses Association state that:
  - There are concerns about the transition of MAs, especially as it relates to phlebotomy
  - Certain medications should be excluded from approved list
  - Specific curriculum for each category of MA may be necessary to define in rule

## **BREAK**

### **Public Testimony/Rules Discussion Continued**

- A representative from Peace Health Southwest stated that:
  - There needs to be clarification of the use of MAs in the hospital setting
    - Will hospitals use MAs for sterilization and aseptic procedures—and if so what will their responsibilities be?
- A representative from the Vancouver Clinic stated that
  - They like the Medical Assistant-Registered (MA-R) option
  - They would like to see on-the-job training (OJT) as an option for certification considered in rule
- A representative from Corinthian Colleges stated that:
  - There may not be enough to time efficiently transfer credentials from HCA to MA
- A representative from the Washington State Podiatric Medical Association stated that:
  - Specialty personnel in certain practices (podiatry, optometry) need to be considered during rule process
    - Had concerns as to when assistive will “cross the line” into a practicing MA—are cleaning rooms, scheduling appointments, etc. tasks that will require the credential?
- A representative from the Respiratory Care Society of Washington stated that:
  - There must be very explicit detail around scope for MAs
  - They have concerns about high-risk procedures
  - They have concerns of potential overlap with respiratory therapist scope

### **Open Public Discussion**

Comments by attending stakeholders in the group during the open discussion:

- Use of MAs in hospital setting - need ability to float Registered MAs
- Should be able to see category and what facility HCA is tied to in Provider Credential Search on DOH website
- Section 6 part F of ESSB 6237 allows vaccines – may need to define route
- CE should be required for IV – it is required for nurses
- Concerns about length of time for HCA application process—consider rules regarding post mark date to assist with HCA
- Would like to see OJT as an option
- HCAs currently perform a large amount of TB testing, will this be allowed under the new MA rules?
- Need to clarify general issues around testing
  - How often will exam be available?
  - Can candidates retake the exam if needed?
  - If so, how many times will they be allowed to retake?
- Aseptic procedures in a sterile field needs clarification

**Meeting adjourned. Attendees encouraged to submit their written comments to [medical.assistants@doh.wa.gov](mailto:medical.assistants@doh.wa.gov)**