

# **Medical Assistants**

## **What are Medical Assistants?**

Medical assistants (MAs) are health care professionals who have been specifically trained to work in settings such as physicians' offices, medical clinics, medical group practices, and other health care facilities. MAs are individuals who have been trained to perform administrative and clinically-related procedures under the supervision of health care providers.<sup>1</sup>

## **How are Medical Assistants different from Health Care Assistants?**

Health care assistants (HCAs) were only recognized in Washington State, and had a very limited scope of practice set forth in statute and administrative rules. HCAs were not permitted to perform any task which is within the scope of practice of a licensed health care provider except as provided in law. Under the law prior to July 1, 2013 HCAs were not permitted to perform tasks such as taking vital signs and performing simple tests (dipstick urinalysis, urine pregnancy test, etc.) because they were not included in the HCA scope of practice, but are included in the scope of practice of licensed health care providers.

Medical assistants (MAs) are much more widely recognized across the United States, and generally have a broader scope of practice. This allows MAs to assist medical practices in a wider variety of tasks associated with patient care. There are also a number of medical specialties which use certain assistive personnel who may or may not be trained as MAs, who nonetheless perform vital specialty-specific tasks.

## **What is new in Washington State regarding Medical Assistants?**

The Department of Health (DOH) has new statutes and rules which went into effect July 1, 2013 which establish credentials for Medical Assistants in Washington. The laws created four categories of Medical Assistant which will be discussed in greater detail below:<sup>2</sup>

- MA-Certified (MA-C)
- MA-Registered (MA-R)
- MA-Phlebotomist (MA-P); and
- MA-Hemodialysis Technician (MA-HT).

## **What happened to individuals who were Health Care Assistants July 1, 2013?**

Health care assistants who were credentialed and in good standing as of July 1, 2013 transitioned into one or more of the categories of MAs. Health care assistants in Category C, B, D, or F

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<sup>1</sup> RCW 18.360.005.

<sup>2</sup> See RCW 18.360.020.

became Medical Assistants-Certified (MA-C).<sup>3</sup> Health care assistants in Category A or B became Medical Assistants-Phlebotomist (MA-P).<sup>4</sup> Health care assistants in Category G became Medical Assistants-Hemodialysis Technician (MA-HT).<sup>5</sup> Multiple certifications as MAs were possible depending on the health care assistant certifications held by an individual. No health care assistant automatically transitioned into the Medical Assistant-Registered category.

**Does every employee who interacts with patients or works in a physician's office need to be a Medical Assistant?**

No.<sup>6</sup> A person employed by a physician or health care facility is not considered to be practicing as a MA if he/she performs only the following tasks:

- Accounting;
- Insurance reimbursement;
- Maintaining medication and immunization records;
- Preparing and maintaining examination and treatment areas;
- Reception;
- Scheduling;
- Telephone and in-person screening limited to intake and gathering of information; or
- Similar administrative tasks.

**What are the general requirements for Medical Assistants?**

Medical assistants must:<sup>7</sup>

- Have the ability to read, write, and converse in English;
- Have knowledge and understanding of the laws and rules which regulate MAs;
- Function within his or her scope of practice;
- Obtain their instruction from the appropriate delegating health care practitioner and demonstrate competency before performing new or unfamiliar duties which are in his or her scope of practice;
- Demonstrate a basic understanding of patients' rights and responsibilities;
- Respect patients' privacy by protecting their confidential information, and not using confidential information for any purpose other than legitimate patient care, or otherwise permitted by law; and
- Comply with all federal and state laws and regulations regarding patient rights and privacy.

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<sup>3</sup> RCW 18.360.080(1).

<sup>4</sup> RCW 18.360.080(3).

<sup>5</sup> RCW 18.360.080(2).

<sup>6</sup> WAC 246-827-0100.

<sup>7</sup> WAC 246-827-0120.

## **Which healthcare practitioners are authorized to delegate tasks to Medical Assistants?**

Healthcare practitioners who may delegate tasks to medical assistants include:<sup>8</sup>

- Physicians and osteopathic physicians; and
- Other healthcare practitioners acting within the scope of their respective licensure including:
  - Podiatric physicians and surgeons;
  - Registered nurses or advanced registered nurse practitioners;
  - Naturopaths;
  - Physician assistants and osteopathic physician assistants; and
  - Optometrists.

## **What are the general requirements for delegation by a health care provider?**

The term “delegation” means the direct authorization granted by a physician or other authorized health care provider to a MA to perform functions within the MA’s scope of practice.<sup>9</sup> Prior to delegating any of the functions within the scope of practice of a MA, a health care practitioner must, to the at best of his or her ability, determine that:<sup>10</sup>

- The task is within that health care practitioner’s scope of licensure or authority;
- The task is indicated for the patient;
- There is an appropriate level of supervision;
- No law prohibits the delegation;
- The person to whom the task would be delegated is competent to perform that task; and
- The task itself is one that should be appropriately delegated when considering that:
  - The task can be performed without requiring the exercise of judgment based on clinical knowledge;
  - Results of the task are reasonably predictable;
  - The task can be performed without the need for complex observations or critical decisions;
  - The task can be performed without repeated clinical assessments; and
  - For a MA other than a MA-HT, that the task, if performed improperly, would not present life-threatening consequences or the danger of immediate and serious harm to the patient. (For a MA-HT, that the task if performed improperly, is not likely to present life-threatening consequences or the danger of immediate and serious harm to the patient.)
- Note: The use of protocols that do not involve clinical judgment, and do not involve the administration of medications, other than vaccines, are not prohibited.

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<sup>8</sup> RCW 18.360.010(3); WAC 246-827-0010(2).

<sup>9</sup> RCW 18.360.010(1); WAC 246-827-0110.

<sup>10</sup> RCW 18.360.060.

### **What are the general requirements for a Medical Assistant to accept a delegated task?**

A MA also has a responsibility regarding the performance of delegated functions. A MA may only accept delegated tasks when:<sup>11</sup>

- The physician or other health care practitioner follows their requirements for delegation ([see Physician Delegation](#));
- The task can be performed without requiring the exercise of judgment based on clinical knowledge;
- The results of the task are reasonably predictable;
- The task can be performed without the need for complex observations or critical decisions;
- The task can be performed without repeated clinical assessments; and
- For a MA other than a MA-HT, that the task, if performed improperly, would not present life-threatening consequences or the danger of immediate and serious harm to the patient. (For a MA-HT, that the task if performed improperly, is not likely to present life-threatening consequences or the danger of immediate and serious harm to the patient.)

### **Are there other rules related to a Medical Assistant accepting delegation of a particular function?**

Yes.<sup>12</sup> In addition to the general requirements listed above, a Medical Assistant:

- May not accept delegation of acts that are not within his or her scope of practice;
- Is responsible and accountable for his or her practice based on, and limited to:
  - The scope of his or her education or training;
  - The scope of practice set forth in law and regulations;
  - The demonstration of competency to the delegating health care practitioner; and
  - Written documentation of competency as required by state law and the policies and procedures of the employer of the MA.

Note: A MA who has transitioned from a health care assistant credential as of July 1, 2013, may not accept delegated tasks unless he or she has received the necessary education or training to safely and confidently perform that task.

### **Are there requirements for supervision of Medical Assistants while they are performing their duties?**

Yes.<sup>13</sup> A MA functions in a dependent role in providing direct patient care under the supervision and delegation of a health care practitioner.

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<sup>11</sup> WAC 246-827-0110(3).

<sup>12</sup> WAC 246-827-0110(4)-(6).

“Supervision” in regard to MAs means the supervision by a physician or other health care practitioner who is physically present and immediately available in the facility.<sup>14</sup> (Note: A health care practitioner does not need to be present during procedures to withdraw blood, but must be immediately available.<sup>15</sup>)

Some procedures, identified below, require a greater degree of supervision:

- “Direct visual supervision” means that the supervising physician or health care practitioner is physically present and within the visual range of the MA.<sup>16</sup>
- “Immediate supervision” means that the supervising physician or other health-care practitioner is on the premises and available for immediate response as needed.<sup>17</sup>

### **Medical Assistant - Certified**

#### **What information must an applicant for the Medical Assistant-Certified credential submit to the Department of Health?**

Applicants for a MA-C credential must submit the following to the DOH:<sup>18</sup>

- A completed application form;
- Proof of completion of high school education or its equivalent;
- Proof of successful completion of a MA training program approved by the DOH;
- Proof of successful completion of an approved examination, completed within five years prior to submission of an initial application for the MA credential;
- Proof of completion of seven clock hours of AIDS education;
- Payment of any fee required by DOH; and
- Fingerprint cards for national fingerprint-based background checks, if requested by DOH.

#### **What are the requirements for an individual to become a Medical Assistant-Certified?**

An applicant for the MA-C credential must meet the following requirements:<sup>19</sup>

- Successful completion of a MA training program approved by the DOH; and
- Pass one of the examinations approved by the DOH within five years prior to submitting an initial application for the MA-C credential:

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<sup>13</sup> WAC 246-827-0110(1).

<sup>14</sup> RCW 18.360.010(9).

<sup>15</sup> *Id.*

<sup>16</sup> WAC 246-827-0010(1).

<sup>17</sup> WAC 246-827-0010(4).

<sup>18</sup> WAC 246-827-0220(1).

<sup>19</sup> WAC 246-827-0200.

- Certified Medical Assistant examination through the American Association of Medical Assistants (AAMA);
- Registered Medical Assistant certification examination through the American Medical Technologists (AMT);
- Clinical Medical Assistant certification examination through the National Healthcareer Association (NHA); or
- National certified Medical Assistant examination through the National Center for Competency Testing (NCCT).

**What is an “interim certification” for a Medical Assistant-Certified, and what are the requirements for it?**

An individual who has met all of the requirements listed above, except for the passage of one of the examinations approved by the DOH, may practice as a MA-C under an interim certification for a period of up to one year.<sup>20</sup> An individual cannot renew an interim certification, and is only eligible for interim certification upon initial application.<sup>21</sup>

**Is there an exception to the training or experience requirements for an individual with military training or experience?**

Yes.<sup>22</sup> The MA statutes and rules provide for an exception to the training or experience requirements for an individual who demonstrates equivalency from his or her background in the U. S. Armed Forces. An applicant with military training or experience will satisfy the training or experience requirements to become a Medical Assistant unless the DOH determines that the military training or experience is not substantially equivalent to the standards established in Washington State.

**What duties may a Medical Assistant-Certified perform?**

A MA-C may perform the following duties provided that the requirements for delegation and supervision ([see Delegation and Supervision Requirements](#)) are followed:<sup>23</sup>

- Fundamental Procedures:
  - Wrapping items for autoclaving;
  - Procedures for sterilizing equipment and instruments;
  - Disposing of biohazardous material; and
  - Practicing standard precautions.
- Clinical Procedures:
  - Performing aseptic procedures in a setting other than a hospital;

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<sup>20</sup> WAC 246-827-0220(2).

<sup>21</sup> *Id.*

<sup>22</sup> RCW 18.360.110; WAC 246-827-0130.

<sup>23</sup> RCW 18.360.050(1).

- Preparing for, and assisting in, sterile procedures in a setting other than a hospital;
- Taking vital signs;
- Preparing patients for examination;
- Capillary blood withdrawal, venipuncture, and intradermal, subcutaneous, intramuscular injections; and
- Observing and reporting patients' signs or symptoms.
- Specimen Collection:
  - Capillary puncture and venipuncture;
  - Obtaining specimens for microbiological testing; and
  - Instructing patients in proper technique to collect urine and fecal specimens.
- Diagnostic Testing:
  - Electrocardiography;
  - Respiratory testing;
  - CLIA-waived tests; and
  - Moderate complexity tests if the MA-C meets standards for personnel qualifications and responsibilities in compliance with federal regulations for non-waived testing.
- Patient Care:
  - Telephone and in-person screening limited to the intake and gathering of information without requiring the exercise of judgment based on clinical knowledge;
  - Obtaining vital signs;
  - Obtaining and recording patient history;
  - Preparing and maintaining examination and treatment areas;
  - Preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office surgeries;
  - Maintaining medication and immunization records; and
  - Screening and following up on test results as directed by a health care practitioner.
- Administering Medications – MAs may only administer medications if the drugs are:
  - Administered only by unit or single dosage, or by a dosage calculated and verified by health care practitioner; (Note that a combination or multidose vaccine is considered a unit dose.)
  - Limited to legend drugs, vaccines, and the schedule III-V controlled substances as authorized by a health care practitioner under the scope of her/his license; and
  - Administered pursuant to a written order from a health care practitioner.
  - Note: A MA-C may not administer experimental drugs or chemotherapy agents.
- Intravenous Injections:
  - A MA-C may administer intravenous injections for diagnostic or therapeutic agents under the direct visual supervision (defined above) of a health care

practitioner if the MA-C meets minimum standards set by the Department of Health ([see Medication Injection Requirements](#)).

- Urethral catheterization (provided that the MA-C is appropriately trained)

### **What other requirements apply to the administration of medication and injections by a Medical Assistant-Certified?**

A MA-C must:<sup>24</sup>

- Be deemed competent by the delegating physician or health care practitioner before administering any drug ([see Physician Delegation](#)); and
- Must act pursuant to a valid order from the delegating health care practitioner (which is written or contained in the patient's electronic health record), and within the health care practitioner's scope of practice.

The delegating physician or other health care practitioner must ensure that a MA-C is competent to administer the medication, and that the MA-C receives training regarding:<sup>25</sup>

- Dosage;
- Technique;
- Acceptable route (s) of administration;
- Appropriate anatomic sites;
- Expected reactions;
- Possible adverse reactions;
- Appropriate intervention for adverse reactions; and
- Risk to the patient.

### **Are there circumstances in which a physician may not delegate drug administration?**

A physician or other health care practitioner may not delegate drug administration when:<sup>26</sup>

- The drug may cause life-threatening consequences or a danger of immediate and serious harm to the patient;
- Complex observations or critical decisions are required;
- A patient is unable to physically ingest or safely apply a medication independently or with assistance; or
- A patient is unable to indicate awareness that he or she is taking medication.

### **Are there medications which a Medical Assistant-Certified is prohibited from administering?**

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<sup>24</sup> WAC 246-827-0240.

<sup>25</sup> WAC 246-827-0240(2).

<sup>26</sup> WAC 246-827-0240(1).



Yes.<sup>27</sup> A MA-C is prohibited from administering:

- Schedule II controlled substances;<sup>28</sup>
- Chemotherapy agents or experimental drugs;<sup>29</sup> and
- Medications through a central intravenous line.

### **What are the routes of administration and general supervision requirements for drug administration by a Medical Assistant-Certified?**

The following table outlines the permitted routes of administration and the supervision requirements for drug administration by a MA-C:<sup>30</sup>

<b>Drug Category</b>	<b>Routes Permitted</b>	<b>Level of Supervision Required</b>
Controlled substances, schedule III, IV, and V	Oral, topical, rectal, otic, ophthalmic, or inhaled routes	Immediate supervision
	Subcutaneous, intradermal, intramuscular, or peripheral intravenous routes	Direct visual supervision
Other legend drugs	All other routes	Immediate supervision
	Peripheral intravenous injections	Direct visual supervision

### **What rules apply to a Medical Assistant-Certified regarding intravenous lines?**

A MA-C may not start an intravenous line.<sup>31</sup> A MA-C may interrupt an intravenous line, administer an injection, and restart the line at the same rate.<sup>32</sup>

### **Medical Assistant – Registered**

### **What information must an applicant for the Medical Assistant-Certified credential submit to the Department of Health?**

An applicant for the MA-R credential must submit the following to the DOH:<sup>33</sup>

- A completed application form;
- Proof of completion of high school education or its equivalent;

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<sup>27</sup> WAC 246-827-0240(3).

<sup>28</sup> RCW 18.360.050(1)(f)(i)(B).

<sup>29</sup> RCW 18.360.050(1)(f)(ii).

<sup>30</sup> WAC 246-827-0240(5).

<sup>31</sup> WAC 246-827-0240(6).

<sup>32</sup> *Id.*

<sup>33</sup> WAC 246-827-0300.

- An endorsement signed by a health care practitioner;
- Proof of completion of seven clock hours of AIDS education;
- Payment of any fees required by the DOH; and
- Fingerprint cards for national fingerprint-based background checks, if requested by DOH.

### **What are the rules related to endorsement of a Medical Assistant-Registered?**

Each MA-R must have a current attestation filed with the DOH and signed by a physician or other authorized health care practitioner endorsing the individual to perform specific tasks under the MA-R scope of practice ([see MA-R Scope of Practice](#)).<sup>34</sup> A MA-R may perform only those tasks listed in his/her current attestation of endorsement on file with the DOH.<sup>35</sup> If the tasks for which a MA-R has been endorsed changes, the MA-R must submit a new attestation of endorsement to the DOH within 30 days.<sup>36</sup>

### **Is an attestation of endorsement for a Medical Assistant-Registered transferable from one practice to another?**

No.<sup>37</sup> An endorsement for a MA-R is only valid as long as the MA-R is continuously employed by the same physician or other authorized health care practitioner. The MA-R credential terminates when the MA-R ceases employment with the endorsing health care practitioner, clinic, or group practice. A MA-R must notify the DOH within 30 days of separation of employment.<sup>38</sup> A new application for the MA-R credential must be submitted upon new or additional employment.<sup>39</sup>

### **What duties may a Medical Assistant-Registered perform?**

A MA-R may perform the following duties provided that the requirements for delegation and supervision ([see Delegation and Supervision Requirements](#)) are followed:<sup>40</sup>

- Fundamental Procedures:
  - Wrapping items for autoclaving;
  - Procedures for sterilizing equipment and instruments;
  - Disposing of biohazardous material; and
  - Practicing standard precautions.
- Clinical Procedures:
  - Preparing for sterile procedures;
  - Taking vital signs;

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<sup>34</sup> WAC 246-827-0310(1).

<sup>35</sup> WAC 246-827-0310(2).

<sup>36</sup> WAC 246-827-0310(4).

<sup>37</sup> RCW 18.360.040(4)(c); WAC 246-827-0320; see WAC 246-827-0310(3).

<sup>38</sup> WAC 246-827-0320.

<sup>39</sup> *Id.*

<sup>40</sup> RCW 18.360.050(1).

- Preparing patients for examination; and
- Observing and reporting patients' signs or symptoms.
- Specimen Collection:
  - Capillary puncture and venipuncture (including performing finger or heel sticks in order to collect a blood specimen<sup>41</sup>);
  - Obtaining specimens for microbiological testing; and
  - Instructing patients in proper technique to collect urine and fecal specimens.
- Patient Care:
  - Telephone and in-person screening limited to the intake and gathering of information without requiring the exercise of judgment based on clinical knowledge;
  - Obtaining vital signs;
  - Obtaining and recording patient history;
  - Preparing and maintaining examination and treatment areas;
  - Preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office surgeries utilizing no more than local anesthetic;
  - Maintaining medication and immunization records; and
  - Screening and following up on test results as directed by a health care practitioner.
- Moderate complexity tests if the MA-R meets standards for personnel qualifications and responsibilities in compliance with federal regulations for non-waived testing.
- Administration of eye drops, topical ointments, and vaccines, including combination or multidose vaccines.
- Urethral catheterization (provided that the MA-R is appropriately trained).

### **Medical Assistant-Phlebotomist**

#### **What information must an applicant for the Medical Assistant-Phlebotomist credential submit to the Department of Health?**

An applicant for a MA-P credential must submit the following information to the DOH:<sup>42</sup>

- A completed application form;
- Proof of completion of high school education or its equivalent;
- Proof of successful completion of a phlebotomy program through a post-secondary school or college accredited by a national or regional accrediting organization recognized by the U. S. Department of Education, or successful completion of a phlebotomy training

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<sup>41</sup> WAC 246-827-0330.

<sup>42</sup> WAC 246-827-0410.

program as attested by the phlebotomy training program's supervising health care practitioner;

- Proof of completion of seven clock hours of AIDS education
- Payment of any fees required by DOH; and
- Fingerprint cards for national fingerprint-based background checks, if requested by DOH.

### **What are the requirements for the Medical Assistant-Phlebotomist credential?**

Applicants for a MA-P credential must meet the following requirements:<sup>43</sup>

- Successful completion of a phlebotomy program at an institution accredited by a regional or national accrediting organization recognized by the U.S. Department of Education; or
- Successful completion of a phlebotomy training program approved by a physician or other health care practitioner who is responsible for determining the content of the training and for ascertaining the proficiency of the trainee. Details of the requirements for the curriculum are set forth in WAC 246-827-044, which may be found on the DOH website at: <http://www.doh.wa.gov/Portals/1/Documents/2600/WAC246-827.pdf>.

### **Must a health care practitioner be present when a phlebotomist performs capillary or venous procedures to withdraw blood?**

The delegating physician or other health care practitioner does not have to be present when a medical assistant withdraws blood through capillary or venous procedures.<sup>44</sup> However, the delegating physician or health care practitioner must be immediately available for consultation by phone or in person within a reasonable period of time.<sup>45</sup>

### **Are there special requirements for arterial invasive procedures and line draws by a Medical Assistant-Phlebotomist?**

Yes.<sup>46</sup> A MA-P may only perform arterial invasive procedures or line draws after completing a program of education and training set forth in rules by the DOH. The details of this education program are set forth in WAC 246-827-0420, and are available on the DOH website at: <http://www.doh.wa.gov/Portals/1/Documents/2600/WAC246-827.pdf>.

### **Medical Assistant-Hemodialysis Technician**

### **What information must an applicant for the Medical Assistant-Hemodialysis Technician credential submit to the Department of Health?**

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<sup>43</sup> WAC 246-827-400.

<sup>44</sup> WAC 246-827-0420(1).

<sup>45</sup> *Id.*

<sup>46</sup> WAC 246-827-0420(2).

An applicant for the MA-HT credential must submit the following information to the DOH:<sup>47</sup>

- A completed application form;
- Proof of high school education or equivalent;
- Proof of successful completion of an approved training program or proof of national credential as a hemodialysis technician ([see Training Requirements for MA-HT](#));
- Proof of completion of seven clock hours of AIDS education;
- Proof of current cardiopulmonary resuscitation certification;
- Payment of any fees required by DOH; and
- Fingerprint cards for national fingerprint-based background checks, if requested by DOH.

### **What are the requirements for qualifications and training of a Medical Assistant-Hemodialysis Technician?**

A MA-HT must complete the following requirements:<sup>48</sup>

- Proof of a high school diploma or equivalent;
- Basic math skills, including the use of fractions and decimal points;
- Demonstrate one of the following:
  - Completion of a hemodialysis training program which meets the requirements set forth in WAC 246-827-0500 (2), which may be found on the DOH website at: <http://www.doh.wa.gov/Portals/1/Documents/2600/WAC246-827.pdf>; or
  - Possess a national credential as a hemodialysis technician which is substantially equivalent to the training requirements discussed immediately above.

### **What dialysis tasks may a Medical Assistant-Hemodialysis Technician trained by a federally approved end-stage renal disease facility perform?**

A MA-HT trained by a federally approved ESRD facility may perform the following tasks:<sup>49</sup>

- Venipuncture for blood withdrawal;
- Administration of oxygen as necessary by cannula or mask;
- Venipuncture for placement of fistula needles;
- Connection to vascular catheters for hemodialysis; Intravenous administration of heparin and sodium chloride solutions as an integral part of dialysis treatments; intradermal, subcutaneous, or topical administration of local anesthetics in conjunction with placement of fistula needles; and
- Intraperitoneal administration of a sterile electrolyte solutions and heparin for peritoneal dialysis.

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<sup>47</sup> WAC 246-827-0510.

<sup>48</sup> WAC 246-827-0500(1).

<sup>49</sup> WAC 246-827-0520(1).

Note: The tasks listed above may only be performed in a renal dialysis center under immediate supervision of a registered nurse, or in a patient's home if a physician and a registered nurse are available for consultation during the dialysis.<sup>50</sup>

**Where can physicians obtain more information about Medical Assistants?**

The Department of Health has a web page dedicated to Medical Assistants which can be found at:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/MedicalAssistant.aspx>.

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<sup>50</sup> WAC 246-827-0520(2).