Chronicles of the Evolution of Medical Assistant Scope of Practice.

Prior to 1984, physicians were not restricted in how they selected and trained assistive personnel. They were allowed to delegate tasks to assistive personnel, many, perhaps most, of which were trained on-the-job by the physician.

In 1983 the Washington State Attorney General issued a “letter opinion” stating that needle punctures, injections, blood draws, or other procedures in which the assistant penetrated the patient’s skin constituted the practice of medicine and assistants performing those procedures should be regulated by the state.

In 1986, the State Legislature passed the Health Care Assistant Act (HCA), Chapter 18.135 RCW. In the rules promulgated to interpret the law the state Department of Licensing created 7 categories of HCA’s with the intent of having all assistants be certified by the state. (For HCAs this has commonly come to be referred to as “registered.”) (Note: At that time, the term “Medical Assistants” was not recognized in Washington law.) The Department of Health (DOH), created in 1989, currently regulates Health Care Assistants and other health care practitioners.

After a time, certain types of assistive personnel found that they could not perform what they believed were their duties prior to passage of the Health Care Assistant Act and asked the legislature to create their own practice acts. One example is the practice act which created “surgical technologists.”

As the years went by, the Health Care Assistant Act became more cumbersome and was amended several times. In 2008, several large clinics, Medical Assistant educators, the Washington State Society of Medical Assistants (WSSMA), the Washington State Nurses Association (WSNA) formed the Medical Assistance Coalition to address issues related to assistive personnel. At the request of the Medical Assistance Coalition the WSMA began to participate in, and provide lobbying services for, the coalition.

In 2009, the Medical Assistance Coalition supported HB 1414 which allowed Health Care Assistants to administer vaccines and certain other medications.

In 2011, Rep. Eileen Cody, Chair of the House Health Care Committee, requested the DOH (which by this time regulated HCA’s) to conduct a “Sunrise Review” of Medical Assistants and report back to the legislature by 2012. The report is available on the DOH web site (http://www.doh.wa.gov/Portals/1/Documents/3000/MedAsstFINAL.pdf).

In 2012, the WSMA, with expertise provided by the American Association of Medical Assistants (AAMA), introduced SB 6237. SB 6237 eliminated HCAs and established Medical Assistants as a health care profession in Washington State with their own scope of practice. By the time this bill had passed the legislature, the number of interest groups involved in the process had grown to include podiatrists, osteopaths, optometrists, respiratory therapists, chiropractors, and others. At the peak, there were over twenty stakeholder groups at the negotiating table. ESSB 6237 passed the legislature, was signed into law, and is codified as Chapter 18.360 RCW.

The DOH began the rule-making process in the summer of 2012, after the passage of SB 6237. The rule-making process concluded in May of 2013. In June, 2013 the DOH posted the final rule, Chapter 246-827 WAC, and an associated set of questions and answers on the DOH website to help educate practices and health care providers prior to the July 1, 2013 effective date of the
law. The Medical Assistant information provided by the DOH may be found at: http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/MedicalAssistant/FrequentlyAskedQuestions.aspx

The 2013 legislature passed ESHB 1515 in order to clarify some issues which were not fully addressed in SB 6237, especially those related to the scope of practice of Medical Assistants – Certified (MA-Cs) and Medical Assistants – Registered (MA-Rs), and address the concept of ”individuals performing specialized functions.” One important clarification for MA-Rs, found in section 3(4)(d)(v) of ESHB 1515, provides additional flexibility to the scope of practice of MA-Rs by stating that their scope of practice includes “Preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office surgeries utilizing no more than local anesthetic.” This passage would seem to expand the duties of MA-R’s as long as they comply with all of the requirements of the chapter. In addition, the bill grants authority to Medical Assistants (certified and registered) to administer eye drops and perform urethral catheterization when properly trained. The text of ESHB 1515 may be found at: http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bills/Session%20Laws/House/1515-S.SL.pdf.

NOTE: At the time of this writing, the terms in ESHB 1515 have not yet been incorporated into the Medical Assistant statutes. Medical practices must be aware that the language in the bill may affect the way they use Medical Assistants.