Chapter 246-827 WAC
MEDICAL ASSISTANTS

Last Update: 6/17/25

WAC

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WAC 246-827-0010 Definitions. The following definitions apply throughout this chapter unless the context clearly indicates otherwise:

(1) **"Controlled substance"** has the same meaning as RCW 69.50.101.

(2) **"Direct visual supervision"** means the supervising health care practitioner is physically present and within visual range of the medical assistant.

(3) **"Forensic blood draw"** means a blood sample drawn at the direction of a law enforcement officer for the purpose of determining its alcoholic or drug content by a person holding one of the credentials listed in RCW 46.61.506, including a medical assistant-certified, medical assistant-phlebotomist, or forensic phlebotomist.

(4) **"Health care practitioner"** means a physician licensed under chapter 18.71 RCW; an osteopathic physician and surgeon licensed under chapter 18.57 RCW; or acting within the scope of their respective licensure, a podiatric physician and surgeon licensed under chapter 18.22 RCW, a registered nurse or advanced registered nurse practitioner licensed under chapter 18.79 RCW, a naturopath licensed under chapter 18.36A RCW, a physician assistant licensed under chapter 18.71A RCW, or an optometrist licensed under chapter 18.53 RCW.

(5) **"Hemodialysis"** is a procedure for removing metabolic waste products or toxic substances from the human body by dialysis.

(6) **"Immediate supervision"** means the supervising health care practitioner is on the premises and available for immediate response as needed.

(7) **"Immediately available"** means the supervising health care practitioner is available to arrive on the premises in a reasonable amount of time or for an immediate audio or video telephone consultation.

(8) **"Legend drug"** means any drug which is required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by health care practitioners only.

(9) **"Medical assistant"** without further qualification means a person credentialed under chapter 18.360 RCW as a:

(a) Medical assistant-certified;

(b) Medical assistant-registered;

(c) Medical assistant-hemodialysis technician; and

(d) Medical assistant-phlebotomist.

(10) **"Medical assistant-hemodialysis technician"** means a patient care dialysis technician trained in compliance with federal requirements for end stage renal dialysis facilities.

(11) **"Medication"** means a legend drug, over-the-counter drug, vaccine, or Schedule III through V controlled substance.

(12) **"Secretary"** means the secretary of the department of health or the secretary's designee.

(13) **"Telemedicine supervision"** means the delivery of direct patient care under supervision by a health care practitioner provided through the use of interactive audio and video technology, permitting real-time communication between a medical assistant at the originating site and a health care practitioner off premises. "Telemedicine" does not include the use of audio-only telephone, facsimile, or electronic mail.

"Telemedicine supervision" also includes supervision of a medical assistant-certified or medical assistant registered through interactive audio or visual telemedicine technology when administering intramuscular injections for the purpose of treating a known or suspected syphilis infection in accordance with RCW 18.360.050.

[Statutory Authority: RCW 18.360.030, 18.360.050, 2023 c 134, and 2024 c 248. WSR 25-05-085, s 246-827-0010, filed 2/18/25, effective 3/21/25. Statutory Authority: RCW 18.360.030, 18.360.040, and 18.360.070. WSR 23-16-004, § 246-827-0010, filed 7/19/23, effective 8/19/23; WSR 17-15-075, § 246-827-0010, filed 7/14/17, effective 8/14/17. Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0010, filed 5/31/13, effective 7/1/13.]

GENERAL

WAC 246-827-0100 Applicability. A person shall obtain a medical assistant credential from the secretary in order to practice as a medical assistant. "Practice as a medical assistant" means the person assists a health care practitioner by providing direct patient health care including treatment, self-care instruction, patient education, and administration of medication. A person employed by a health care practitioner or facility is not practicing as a medical assistant as

defined in this chapter if he or she only performs the following tasks:

(1) Accounting;

(2) Insurance reimbursement;

(3) Maintaining medication and immunization records;

(4) Obtaining and recording patient history;

(5) Preparing and maintaining examination and treatment areas;

(6) Reception;

(7) Scheduling;

(8) Telephone and in person screening limited to intake and gathering of information; or

(9) Similar administrative tasks.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0100, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0110 Delegation and supervision. (1) The medical assistant functions in a dependent role when providing direct patient care under the delegation and supervision of a health care practitioner.

(2) "Delegation" means direct authorization granted by a health care practitioner to a medical assistant to perform the functions authorized in RCW 18.360.050 which fall within the scope of practice of the health care practitioner and the training and experience of the medical assistant.

(3) A medical assistant may only accept delegated tasks when:

(a) The health care practitioner follows the requirements of RCW 18.360.060;

(b) The task can be performed without requiring the exercise of judgment based on clinical knowledge;

(c) The results of the task are reasonably predictable;

(d) The task can be performed without a need for complex observations or critical decisions;

(e) The task can be performed without repeated clinical assessments; and

(f) The task, if performed improperly by:

(i) A medical assistant-certified, medical assistant-registered, or a medical assistant-phlebotomist would not present life-threatening consequences or the danger of immediate and serious harm to the patient.

(ii) A medical assistant-hemodialysis technician is not likely to present life-threatening consequences or the danger of immediate and serious harm to the patient.

(4) A medical assistant may not accept delegation of acts that are not within their scope of practice.

(5) A medical assistant is responsible and accountable for their practice based upon and limited to:

(a) Scope of their education or training;

(b) Scope of practice set forth in law and applicable sections of this chapter;

(c) Demonstration of competency to the delegating health care practitioner;

(d) Written documentation of competency as required by this rule and the health care employer's policies and procedures. The documentation will be maintained by the health care employer.

[Statutory Authority: RCW 18.360.030, 18.360.040, and 18.360.070. WSR 23-16-004, § 246-827-0110, filed 7/19/23, effective 8/19/23. Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0110, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0120 General standards. (1) The medical assistant shall have knowledge and understanding of the laws and rules regulating medical assistants, including chapter 18.130 RCW, Uniform Disciplinary Act.

(2) The medical assistant shall function within their scope of practice.

(3) The medical assistant shall obtain instruction from the delegating health care practitioner and demonstrate competency before performing new or unfamiliar duties which are in their scope of practice.

(4) The medical assistant shall demonstrate a basic understanding of the patient's rights and responsibilities.

(5) The medical assistant must respect the client's right to privacy by protecting confidential information and may not use confidential health care information for other than legitimate patient care purposes or as otherwise provided in chapter 70.02 RCW, the Uniform Health Care Information Act.

(6) The medical assistant shall comply with all federal and state laws and regulations regarding patient rights and privacy.

[Statutory Authority: RCW 18.360.030, 18.360.040, and 18.360.070. WSR 23-16-004, § 246-827-0120, filed 7/19/23, effective 8/19/23. Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0120, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0130 U.S. armed forces equivalency. An applicant with relevant military training or experience satisfies the training or experience requirements of this chapter unless the secretary determines that the military training or experience is not substantially equivalent to the standards of this state.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0130, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0140 Telemedicine supervision—Activities allowed or prohibited. (1) A medical assistant may be supervised by a health care practitioner through telemedicine supervision during a telemedicine visit. Tasks assigned to the medical assistant by a health care practitioner providing telemedicine supervision must fall within the medical assistant's legal scope of practice. The health care practitioner must ensure the task is delegated appropriately under RCW 18.360.060 and is consistent with the standard of care applicable for those tasks when provided in-person. Some tasks are subject to limitations as required in this chapter.

(2) A medical assistant providing direct patient care under telemedicine supervision is subject to this section only if no other health care practitioner is physically present and immediately available in the place where the medical assistant and patient are located.

(3) A medical assistant may perform the following tasks under telemedicine supervision without a health care practitioner present and immediately available during a telemedicine visit:

(a) Preparing and maintaining examination and treatment areas;

(b) Taking vital signs;

(c) Obtaining and recording patient history;

(d) Observing and reporting patients' signs or symptoms;

(e) Preparing patients for examination;

(f) Instructing patients in proper technique to collect urine or fecal specimens; and

(g) Obtaining specimens for microbiological testing.

(4) A person employed by a health care practitioner or facility is not practicing as a medical assistant as defined in this chapter if the person only performs the following tasks as part of a telemedicine visit:

(a) Maintaining medication and immunization records;

(b) Obtaining and recording patient history;

(c) Reception;

(d) Scheduling;

(e) Screening limited to intake and gathering of information; or

(f) Similar administrative tasks.

[Statutory Authority: RCW 18.360.030, 18.360.040, and 18.360.070. WSR 23-16-004, § 246-827-0140, filed 7/19/23, effective 8/19/23.]

MEDICAL ASSISTANT CREDENTIALS

WAC 246-827-0200 Medical assistant-certified—Training and examination. An applicant for a medical assistant-certified credential must meet the following requirements:

(1) Successful completion of one of the following medical assistant training programs:

(a) Postsecondary school or college program accredited by the Accrediting Bureau of Health Education Schools (ABHES) or the Commission of Accreditation of Allied Health Education Programs (CAAHEP);

(b) Postsecondary school or college accredited by a regional or national accrediting organization recognized by the U.S. Department of Education, which includes a minimum of 720 clock hours of training in medical assisting skills, including a clinical externship of no less than 160 hours;

(c) An apprenticeship program registered and approved by the Washington state apprenticeship and training council unless the secretary determines that the apprenticeship program training or experience is not substantially equivalent to the standards of this state. The apprenticeship program shall ensure a participant who successfully completes the program is eligible to take one or more examinations identified in subsection (2) of this section;

(d) The secretary may approve an applicant who submits documentation that they completed postsecondary education with a minimum of 720 clock hours of training in medical assisting skills. The documentation must include proof of training in all of the duties identified in RCW 18.360.050(1) and a clinical externship of no less than 160 hours; or

(e) The secretary may approve an applicant who submits documentation that they completed a career and technical education program ap-

proved by the office of the superintendent of public instruction with a minimum of 720 clock hours of training in medical assisting skills. The documentation must include proof of training in all of the duties identified in RCW 18.360.050(1) and a clinical externship of no less than 160 hours.

(2) Pass a medical assistant certification examination, approved by the secretary, within the preceding five years of submitting an initial application or currently hold a national medical assistant certification with a national examining organization approved by the secretary. A medical assistant certification examination approved by the secretary means an examination that:

(a) Is offered by a medical assistant program that is accredited by the National Commission for Certifying Agencies (NCCA); and

(b) Covers the clinical and administrative duties under RCW 18.360.050(1).

[Statutory Authority: RCW 18.360.030, 18.360.050, 2023 c 134, and 2024 c 248. WSR 25-05-085, s 246-827-0200, filed 2/18/25, effective 3/21/25. Statutory Authority: RCW 18.360.030, 18.360.040, and 18.360.070. WSR 23-16-004, § 246-827-0200, filed 7/19/23, effective 8/19/23; WSR 18-04-080, § 246-827-0200, filed 2/2/18, effective 3/5/18. Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0200, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0220 Medical assistant-certified—Application—Interim certification. (1) Application requirements - Applicants for a medical assistant-certified credential shall submit the following:

(a) Completed application on forms provided by the department;

(b) Proof of completion of high school education or its equivalent;

(c) Proof of successful completion of the required education or approved training program;

(d) Proof of successful completion of an approved examination under WAC 246-827-0200(2), completed within five years prior to submission of an initial application for this credential;

(e) Any fee required in WAC 246-827-990; and

(f) Fingerprint cards for national fingerprint based background check pursuant to RCW 18.130.064(2), if requested by the department.

(2) An applicant who has met all the requirements in subsection (1) of this section, except passage of the examination, may be issued an interim certification.

(a) A person who has an interim certification possesses the full scope of practice of a medical assistant-certified.

(b) A person who has an interim certification must notify their employer any time they fail any of the examinations listed in WAC 246-827-0200(2).

(c) A person's interim certification expires upon issuance of the medical assistant-certified credential or one year after issuance of the interim certification, whichever occurs first.

(d) A person cannot renew an interim certification.

(e) A person is only eligible for an interim certification upon initial application.

[Statutory Authority: RCW 18.19.050, 18.29.130, 18.29.210, 18.34.120, 18.46.060, 18.55.095, 18.84.040, 18.88B.060, 18.89.050, 18.130.050, 18.138.070, 18.155.040, 18.200.050, 18.205.060, 18.215.040, 18.230.040, 18.240.050, 18.250.020, 18.290.020, 18.360.030, 18.360.070, 70.41.030, 70.230.020, 71.12.670, and 18.108.085. WSR 21-02-002, § 246-827-0220, filed 12/23/20, effective 1/23/21. Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0220, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0230 Medical assistant-certified—Activities allowed or prohibited. A medical assistant-certified may perform functions authorized in RCW 18.360.050(1) under the delegation and supervision of a health care practitioner as described in WAC 246-827-0110. The delegation and direction must be for functions within the scope of the medical assistant-certified and the medical assistant-certified must be able to safely and competently perform the function.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0230, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0240 Medical assistant-certified—Administering medications and injections. A medical assistant-certified shall be deemed competent by the delegating health care practitioner prior to administering any medication authorized in this section. Medications must be administered under a valid order from the delegating health care practitioner and shall be within the delegating health care practitioner's scope of practice. The order must be in written form or contained in the patient's electronic health care record.

(1) Medication administration shall not be delegated when:

(a) The medication may cause life-threatening consequences or the danger of immediate and serious harm to the patient;

(b) Complex observations or critical decisions are required;

(c) A patient is unable to physically ingest or safely apply a medication independently or with assistance; or

(d) A patient is unable to indicate awareness that they are taking a medication.

(2) To administer medications, the delegator shall ensure a medical assistant-certified receives training concerning: Dosage, technique, acceptable route(s) of administration, appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction, and risk to the patient. The delegator must ensure a medical assistant-certified is competent to administer the medication.

(3) A medical assistant-certified is prohibited from administering:

(a) Schedule II controlled substances, chemotherapy agents, or experimental drugs; or

(b) Medications through a central intravenous line.

(4) Except as provided in subsection (1) of this section, a medical assistant-certified may administer controlled substances in schedules III, IV, and V or other medications when authorized by the delegating health care practitioner. Medications shall be administered only by unit or single dosage or by a dosage calculated and verified by

a health care practitioner. For the purposes of this section, a combination or multidose vaccine shall be considered a unit dose. A medical assistant-certified shall only administer medications under the level of supervision based on the route as described in subsection (5) of this section.

(5) A medical assistant-certified may only administer medications by the following medication category, route and level of supervision:

Medication Category	Routes Permitted	Level of Supervision Required
Controlled substances, schedule III, IV, and V	Oral, topical, rectal, otic, ophthalmic, or inhaled routes	Immediate supervision
	Intramuscular injections	Immediate supervision
	Subcutaneous, intradermal, or peripheral intravenous injections	Direct visual supervision
Legend drugs (excluding those prohibited by subsection (3)(a) of this section)	Peripheral intravenous injections	Direct visual supervision
	All other routes	Immediate supervision
Over-the-counter medications	All routes per manufacturer's instructions	Immediate supervision
Vaccines	Oral, inhaled, subcutaneous, or intramuscular routes	Immediately available or telemedicine supervision

(6) A medical assistant-certified may:

(a) Start an intravenous line for diagnostic or therapeutic purposes under the immediate supervision of a health care practitioner;

(b) Interrupt an intravenous line and restart at the same rate under the immediate supervision of a health care practitioner;

(c) Administer intravenous injections for diagnostic or therapeutic agents under the direct visual supervision of a health care practitioner; and

(d) Administer intramuscular injections for the purposes of treating a known or suspected syphilis infection without immediate supervision if a health care practitioner is providing supervision through interactive audio or video telemedicine technology in accordance with RCW 18.360.010 (12)(c)(ii).

[Statutory Authority: RCW 18.360.030, 18.360.050, 2023 c 134, and 2024 c 248. WSR 25-05-085, s 246-827-0240, filed 2/18/25, effective 3/21/25. Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0240, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0300 Medical assistant-registered—Application. An applicant registering for a medical assistant-registered credential shall submit the following:

(1) A completed application on forms provided by the department;

(2)(a) Proof of completion of high school education or its equivalent; or

(b) Proof of enrollment in a health career training or career and technical education program. The training program must comply with all applicable federal and state regulations related to minors in the workforce.

(3) An endorsement signed by a health care practitioner;

(4) Any fee required in WAC 246-827-990; and

(5) Fingerprint cards for national fingerprint based background check pursuant to RCW 18.130.064(2), if requested by the department.

[Statutory Authority: RCW 18.360.030, 18.360.040, and 18.360.070. WSR 23-16-004, § 246-827-0300, filed 7/19/23, effective 8/19/23. Statutory Authority: RCW 18.19.050, 18.29.130, 18.29.210, 18.34.120, 18.46.060, 18.55.095, 18.84.040, 18.88B.060, 18.89.050, 18.130.050, 18.138.070, 18.155.040, 18.200.050, 18.205.060, 18.215.040, 18.230.040, 18.240.050, 18.250.020, 18.290.020, 18.360.030, 18.360.070, 70.41.030, 70.230.020, 71.12.670, and 18.108.085. WSR 21-02-002, § 246-827-0300, filed 12/23/20, effective 1/23/21. Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0300, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0310 Medical assistant-registered—Endorsement. (1) A medical assistant-registered shall have a current attestation that is filed with the department and signed by a health care practitioner endorsing him or her to perform specific tasks authorized in RCW 18.360.050(4).

(2) The medical assistant-registered shall only perform the tasks listed in his or her current attestation of endorsement filed with the department.

(3) An endorsement is valid as long as the medical assistant-registered is continuously employed by the same health care practitioner, clinic or group practice.

(4) A medical assistant-registered shall submit a new attestation of endorsement to the department within thirty days if the tasks listed on the current attestation change.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0310, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0320 Medical assistant-registered—Credential termination. The medical assistant-registered credential terminates when the medical assistant-registered separates employment with the endorsing health care practitioner, clinic or group practice. The medical assistant-registered shall notify the department within thirty days of separation of employment. A person shall submit a new initial medical assistant-registered application as described in WAC 246-827-0300 upon new or additional employment.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0320, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0330 Medical assistant-registered—Collection of specimens. In order to collect a blood specimen, a medical assistant-registered may perform a finger or heel stick.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0330, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0340 Medical assistant-registered—Administering medications and injections. A medical assistant-registered shall be deemed competent by the delegating health care practitioner prior to administering any medication authorized in this section. Medications must be administered under a valid order from the delegating health care practitioner and shall be within the delegating health care practitioner's scope of practice. The order must be in written form or contained in the patient's electronic health care record.

(1) Medication administration shall not be delegated when:

(a) The medication may cause life-threatening consequences or the danger of immediate and serious harm to the patient;

(b) Complex observations or critical decisions are required;

(c) A patient is unable to physically ingest or safely apply a medication independently or with assistance; or

(d) A patient is unable to indicate awareness that they are taking a medication.

(2) To administer medications, the delegator shall ensure a medical assistant-registered receives training concerning: Dosage, technique, acceptable route(s) of administration, appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction, and risk to the patient. The delegator must ensure a medical assistant-registered is competent to administer the medication.

(3) A medical assistant-registered is prohibited from administering:

(a) Schedule II controlled substances, chemotherapy agents, or experimental drugs; or

(b) Medications through a central intravenous line;

(c) Medications through an intravenous line; or

(d) Medications through intravenous injection.

(4) Except as provided in subsection (1) of this section, a medical assistant-registered may administer controlled substances in schedules III, IV, and V or other medications when authorized by the delegating health care practitioner. Medications shall be administered only by unit or single dosage or by a dosage calculated and verified by a health care practitioner. For the purposes of this section, a combination or multidose vaccine shall be considered a unit dose. A medical assistant-registered shall only administer medications under the level of supervision based on the route as described in subsection (5) of this section.

(5) A medical assistant-registered may only administer medications by the following medications category, route, and level of supervision:

Medication Category	Routes Permitted	Level of Supervision Required
Controlled substances, schedule III, IV, and V	Intramuscular injections	Immediate supervision
Legend drugs (excluding those prohibited by subsection (3)(a) of this section)	Intramuscular injections	Immediate supervision

Medication Category	Routes Permitted	Level of Supervision Required
Over-the-counter medications	All routes per manufacturer's instructions	Immediate supervision
Vaccines	Oral, inhaled, subcutaneous, or intramuscular routes	Immediately available or telemedicine supervision

(6) A medical assistant-registered is prohibited from starting an intravenous line. A medical assistant-registered may interrupt an intravenous line.

(7) A medical assistant-registered may administer intramuscular injections for the purposes of treating a known or suspected syphilis infection without immediate supervision if a health care practitioner is providing supervision through interactive audio or video telemedicine technology in accordance with RCW 18.360.010 (12)(c)(ii).

[Statutory Authority: RCW 18.360.030, 18.360.050, 2023 c 134, and 2024 c 248. WSR 25-05-085, s 246-827-0340, filed 2/18/25, effective 3/21/25.]

WAC 246-827-0400 Medical assistant-phlebotomist—Certification and training. An applicant applying for a medical assistant-phlebotomist credential must meet the following requirements:

(1) Successful completion of a phlebotomy program through a postsecondary school or college accredited by a regional or national accrediting organization recognized by the U.S. Department of Education; or

(2) Currently hold a national phlebotomy certification from one of the following national examining organizations:

(a) American Certification Agency certification for phlebotomist;

(b) American Medical Certification Association certification for phlebotomist;

(c) American Medical Technologists certification for phlebotomist;

(d) American Society of Clinical Pathology certification for phlebotomist;

(e) National Center for Competency Testing certification for phlebotomist;

(f) National Healthcareer Association certification for phlebotomist; or

(3) Successful completion of a phlebotomy training program. The phlebotomy training program must be approved by a health care practitioner who is responsible for determining the content of the training and for ascertaining the proficiency of the trainee. The phlebotomy training program must include the following:

(a) Training to include evaluation and assessment of knowledge and skills to determine entry level competency in the following areas:

(i) Responsibilities to be delegated which include ethical implications and patient confidentiality;

(ii) Patient identification process;

(iii) Procedure requesting process, including forms used, accessing process, and collection patterns;

(iv) Materials to be used;

(v) Anatomic considerations for performing such functions as venipuncture, capillary finger collection, and heel sticks;

(vi) Procedural standards and techniques for blood collection;

(vii) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, and interferences;

(viii) Physical layout of the work place, including patient care areas; and

(ix) Safety requirements including infection prevention and control, dealing with a client who has an infectious disease, and the handling and disposal of biohazardous materials.

(b) Direct visual supervision by a health care practitioner or a delegated and certified medical assistant-phlebotomist to the trainee to ensure competency in the following:

(i) Practice technique in a simulated situation;

(ii) Observe and perform procedures on patients until the trainee demonstrates proficiency to be certified at the minimum entry level of competency. The trainee must have adequate physical ability, including sufficient manual dexterity to perform the requisite health care services. The number of specific procedures may vary with the skill of the trainee.

(c) Documentation of all phlebotomy training, duties, and responsibilities of the trainee must be completed, signed by the supervising health care practitioner and the trainee, and placed in the trainee's personnel file.

(d) Training programs that meet the requirements described in this subsection are approved by the secretary.

[Statutory Authority: RCW 18.360.030, 18.360.040, and 18.360.070. WSR 23-16-004, § 246-827-0400, filed 7/19/23, effective 8/19/23. Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0400, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0410 Medical assistant-phlebotomist—Application. Application requirements - Applicants for a medical assistant-phlebotomist credential shall submit the following:

(1) A completed application on forms provided by the department;

(2) Proof of completion of high school education or its equivalent;

(3) Proof of successful completion of a phlebotomy program through a postsecondary school or college accredited by a regional or national accrediting organization recognized by the U.S. Department of Education or successful completion of a phlebotomy training program as attested by the phlebotomy training program's supervising health care practitioner;

(4) Any fee required in WAC 246-827-990; and

(5) Fingerprint cards for national fingerprint based background check pursuant to RCW 18.130.064(2), if requested by the department.

[Statutory Authority: RCW 18.19.050, 18.29.130, 18.29.210, 18.34.120, 18.46.060, 18.55.095, 18.84.040, 18.88B.060, 18.89.050, 18.130.050, 18.138.070, 18.155.040, 18.200.050, 18.205.060, 18.215.040, 18.230.040, 18.240.050, 18.250.020, 18.290.020, 18.360.030, 18.360.070, 70.41.030, 70.230.020, 71.12.670, and 18.108.085. WSR 21-02-002, § 246-827-0410, filed 12/23/20, effective 1/23/21. Statuto-

ry Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0410, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0420 Medical assistant-phlebotomist—Supervision—Requirements for performing arterial invasive procedures and line draws. (1) The delegating health care practitioner does not need to be present when a medical assistant-phlebotomist is performing capillary or venous procedures to withdraw blood, but must be immediately available for consultation by phone or in person within a reasonable period of time.

(2) A medical assistant-phlebotomist may only perform arterial invasive procedures or line draws after the following education and training is completed and documented. A medical assistant-phlebotomist's training and education must be documented on a checklist, signed by the delegating health care practitioner and the medical assistant-phlebotomist, and placed in the medical assistant-phlebotomist's personnel file. The medical assistant-phlebotomist shall complete:

(a) Education to include anatomy, physiology, concepts of asepsis, and microbiology;

(b) Training to perform arterial invasive procedures for blood withdrawal and line draws, including theory, potential risks, and complications;

(c) Anatomic considerations for performing such functions as arterial puncture, line draws, and use of local anesthetic agents;

(d) Observation of the arterial invasive procedure and line draws; and

(e) Successful demonstration of the arterial invasive procedure and line draws under direct visual supervision of a health care practitioner.

(3) Upon successful completion of the training described in subsection (2) of this section, a medical assistant-phlebotomist may only perform:

(a) Arterial invasive procedures for blood withdrawal while under the immediate supervision of a supervising health care practitioner; and

(b) Line draws if the intravenous fluid is stopped and restarted by a health care practitioner under the immediate supervision of a supervising health care practitioner.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0420, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0430 Forensic blood draws—Standards of practice. (1) Any medical assistant-certified or medical assistant-phlebotomist certified under this chapter who performs a forensic blood draw must do so in accordance with the rules governing delegation and supervision in WAC 246-827-0110 and 246-827-0420, as well as the standards of practice for a medical assistant in Washington state. Forensic blood draws by medical assistant-certified or medical assistant-phlebotomist are not limited to specific settings and must comply with the standards of practice described in this section.

(2) A medical assistant-phlebotomist or medical assistant-certified meets the supervision requirements to perform a blood draw at the direction of a law enforcement officer if either:

(a) The medical assistant's supervising health care practitioner delegates the blood draw; or

(b) The blood draw is performed under the supervising health care practitioner's protocol for blood draws as provided in RCW 18.360.060.

(3) As provided in RCW 18.130.410, it is not professional misconduct for a medical assistant-certified or medical assistant-phlebotomist to collect a blood sample without consent under direction of law enforcement pursuant to a search warrant or under exigent circumstances; however, nothing relieves a medical provider from professional discipline arising from the use of improper procedures or from failing to exercise the required standard of care.

(4) RCW 46.61.508 sets forth the circumstances under which medical assistants-certified and medical assistants-phlebotomist are immune from civil and criminal liability when conducting a lawful forensic blood draw at the direction of a law enforcement officer. This protection does not extend to civil liability arising from the use of improper procedures or failing to exercise the required standard of care.

[Statutory Authority: RCW 18.360.030, 18.360.040, and 18.360.070. WSR 17-15-075, § 246-827-0430, filed 7/14/17, effective 8/14/17.]

WAC 246-827-0500 Medical assistant-hemodialysis technician—Qualifications and training. (1) Applicants for a medical assistant-hemodialysis technician credential must complete the following requirements:

(a) Proof of a high school diploma or equivalent;

(b) Basic math skills including the use of fractions and decimal points;

(c) Either:

(i) Complete a hemodialysis training program as described in subsection (2) of this section; or

(ii) Have a national credential as a hemodialysis technician which is substantially equivalent to the hemodialysis training program described in subsection (2) of this section.

(2) The hemodialysis training program may be facility based or a state recognized training facility or institution of higher education specific to training hemodialysis technicians that meets the following requirements:

(a) The training program must:

(i) Be approved by the program or facility medical director and governing body;

(ii) Be under the direction of a registered nurse;

(iii) Be focused on the operation of kidney dialysis equipment and machines;

(iv) Include interpersonal skills, including patient sensitivity training and care of difficult patients; and

(v) Provide supervised clinical experience opportunities for the application of theory and for the achievement of stated objectives in a patient care setting. The training supervisor must be physically accessible to the hemodialysis technician when the hemodialysis technician is in the patient care area.

(b) The training program must cover the following subjects:

(i) Principles of dialysis and fluid management;

(ii) Care of patients with kidney failure, including interpersonal skills;

(iii) Dialysis procedures and documentation, including initiation, proper cannulation techniques, use of central catheters, monitoring, and termination of dialysis;

(iv) Use and care of hemodialysis accesses;

(v) Common laboratory testing procedures and critical alert values;

(vi) Possible complications of dialysis and dialysis emergencies;

(vii) Water treatment and dialysate preparation;

(viii) Infection control;

(ix) Use of hazardous chemicals;

(x) Safety;

(xi) Dialyzer reprocessing, if applicable; and

(xii) Use of medications used in dialysis and their side effects.

(c) The medical assistant-hemodialysis technician applicant, upon completion of the hemodialysis training program, must demonstrate competency of the following:

(i) Dialysis procedures and documentation, including initiation, proper cannulation techniques, central catheter techniques, monitoring, and termination of dialysis;

(ii) Operation of hemodialysis equipment;

(iii) Calculation of patient fluid removal and replacement needs;

(iv) Preparation and mixture of additives to hemodialysis concentrates as required by facility procedure based on patient prescription;

(v) Preparation and administration of heparin and sodium chloride solutions and intradermal, subcutaneous, or topical administration of local anesthetics during treatment in standard hemodialysis doses;

(vi) Provide initial response to patient complications and emergencies prior to, during, and after treatment per facility procedures including, but not limited to, the administration of normal saline per facility protocol;

(vii) Use and care of hemodialysis vascular accesses;

(viii) Administration of oxygen; and

(ix) Initiation of cardiopulmonary resuscitation.

(d) Technicians who perform monitoring and testing of the water treatment system must complete a training program that has been approved by the facility medical director and governing body.

(e) The training program may accept documentation of a medical assistant-hemodialysis technician's successful completion of training objectives in another dialysis facility or accredited academic institution if it is substantially equivalent to the core competencies described in this subsection. The dialysis facility that accepts the documentation assumes responsibility for confirming the core competency of the medical assistant-hemodialysis technician.

(f) Upon successful completion of the hemodialysis training program, an authorized representative of the hemodialysis training program will sign an attestation of completion of the training described in this subsection. The attestation shall include documentation of the satisfactory completion of a skills competency checklist equivalent to, or exceeding the competencies required by these rules.

(g) Training programs that meet the requirements described in this subsection are approved by the secretary.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0500, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0510 Medical assistant-hemodialysis technician—Application. Applicants for a medical assistant-hemodialysis technician credential shall submit the following:

(1) A completed application on forms provided by the department;

(2) Proof of high school education or equivalent;

(3) Proof of successful completion of an approved training program or proof of national credential as a hemodialysis technician;

(4) Current cardiopulmonary resuscitation certification;

(5) Any fee required in WAC 246-827-990; and

(6) Fingerprint cards for national fingerprint based background check pursuant to RCW 18.130.064(2), if requested by the department.

[Statutory Authority: RCW 18.19.050, 18.29.130, 18.29.210, 18.34.120, 18.46.060, 18.55.095, 18.84.040, 18.88B.060, 18.89.050, 18.130.050, 18.138.070, 18.155.040, 18.200.050, 18.205.060, 18.215.040, 18.230.040, 18.240.050, 18.250.020, 18.290.020, 18.360.030, 18.360.070, 70.41.030, 70.230.020, 71.12.670, and 18.108.085. WSR 21-02-002, § 246-827-0510, filed 12/23/20, effective 1/23/21. Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0510, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0520 Conditions for performing hemodialysis. (1) A medical assistant-hemodialysis technician trained by a federally approved end-stage renal disease facility may perform the following dialysis tasks:

(a) Venipuncture for blood withdrawal;

(b) Administration of oxygen as necessary by cannula or mask;

(c) Venipuncture for placement of fistula needles;

(d) Connection to vascular catheter for hemodialysis;

(e) Intravenous administration of heparin and sodium chloride solutions as an integral part of dialysis treatment;

(f) Intradermal, subcutaneous or topical administration of local anesthetics in conjunction with placement of fistula needles; and

(g) Intraperitoneal administration of sterile electrolyte solutions and heparin for peritoneal dialysis.

(2) A medical assistant-hemodialysis technician may perform the dialysis tasks described in subsection (1) of this section, under the following supervision:

(a) In a renal dialysis center under immediate supervision of a registered nurse; or

(b) In the patient's home if a physician and a registered nurse are available for consultation during the dialysis.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0520, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0530 Medical assistant-EMT—Application. An applicant for a medical assistant-EMT credential shall meet the following requirements:

(1) Submit a completed application on forms provided by the department;

(2) Submit proof of completion of high school education or its equivalent;

(3) Show proof of a credential in good standing as an emergency medical technician under chapter 18.73 RCW, advanced emergency medical technician under chapter 18.71 RCW, or paramedic under chapter 18.71 RCW;

(4) Pay any fee required in WAC 246-827-990; and

(5) Submit fingerprint cards for national fingerprint based background check pursuant to RCW 18.130.064(2), if requested by the department.

[Statutory Authority: 2024 c 217, chapter 18.360 RCW, RCW 18.360.030, 18.360.040, 18.360.050, and 18.360.070. WSR 25-13-095, s 246-827-0530, filed 6/17/25, effective 8/1/25.]

WAC 246-827-0540 Medical assistant-EMT—Qualifications and activities allowed and prohibited. (1) Any person with an emergency medical technician, advanced emergency medical technician, or paramedic certification in good standing is eligible for a medical assistant-EMT certification with no additional training or examination requirements.

(2) A medical assistant-EMT may perform functions authorized in RCW 18.360.050 (5)(a) under the delegation and supervision of a health care practitioner described in WAC 246-827-0110. The delegation and direction must be for functions within the scope, training, and endorsement of the medical assistant-EMT'S underlying emergency medical technician, advanced emergency medical technician, or paramedic certification.

(3) A person certified as a medical assistant-EMT may only practice in a hospital licensed under chapter 70.41 RCW and may not practice in any other health care setting, unless it is an emergency department that operates under the parent license of a hospital licensed under chapter 70.41 RCW.

[Statutory Authority: 2024 c 217, chapter 18.360 RCW, RCW 18.360.030, 18.360.040, 18.360.050, and 18.360.070. WSR 25-13-095, s 246-827-0540, filed 6/17/25, effective 8/1/25.]

WAC 246-827-0550 Medical assistant-EMT—Administering medications and injections. A medical assistant-EMT shall be deemed competent by the delegating health care practitioner prior to administering any medication authorized in this section. Medications must be administered under a valid order from the delegating health care practitioner and shall be within the delegating health care practitioner's scope of practice. The order must be in written form or contained in the patient's electronic health care record.

(1) Medication administration shall not be delegated when:

(a) The medication may cause life-threatening consequences or the danger of immediate and serious harm to the patient; or

(b) Complex observations or critical decisions are required.

(2) To administer medications, the delegating health care practitioner shall ensure a medical assistant-EMT receives training concerning: Dosage, technique, acceptable route(s) of administration, appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction, and risk to the pa-

tient. The delegating health care practitioner must ensure a medical assistant-EMT is competent to administer the medication.

(3) A medical assistant-EMT may only administer medications if the medications are:

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

(b) Limited to vaccines, opioid antagonists, and oral glucose, as authorized by the delegating health care practitioner under the scope of their license.

(4) A medical assistant-EMT may:

(a) Start an intravenous line for diagnostic or therapeutic purposes under the immediate supervision of a health care practitioner;

(b) Interrupt an intravenous line and restart at the same rate under the immediate supervision of a health care practitioner; and

(c) Remove an intravenous line under the immediate supervision of a health care practitioner.

[Statutory Authority: 2024 c 217, chapter 18.360 RCW, RCW 18.360.030, 18.360.040, 18.360.050, and 18.360.070. WSR 25-13-095, s 246-827-0550, filed 6/17/25, effective 8/1/25.]

CREDENTIAL STATUS

WAC 246-827-0600 Credential renewal. A medical assistant credential must be renewed every two years on the medical assistant's birthday as provided in WAC 246-12-030.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0600, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0610 Expired credential—Return to active status. (1) A person holding an expired medical assistant credential may not practice until the credential is returned to active status.

(2) If the medical assistant credential has expired for less than three years, they shall meet the requirements of WAC 246-12-020 through 246-12-051.

(3) If the medical assistant credential has been expired for three years or more, and they currently practice as a medical assistant in another state or U.S. jurisdiction, they shall:

(a) Meet the requirements of WAC 246-12-020 through 246-12-051; and

(b) Provide verification of a current unrestricted active medical assistant credential in another state or U.S. jurisdiction which is substantially equivalent to the qualifications for the credential in the state of Washington.

(4) If a medical assistant-certified, a medical assistant-hemodialysis technician, or a medical assistant-phlebotomist credential has been expired for three years or more and the person does not meet the requirements of subsection (3) of this section, they shall comply with WAC 246-12-020 through 246-12-051 and demonstrate competence in one of the following ways:

(a) A medical assistant-certified must successfully pass an examination as identified in WAC 246-827-0200 within six months prior to reapplying for the credential or currently hold a national medical assistant certification with a national examining organization approved by the secretary.

(b) A medical assistant-phlebotomist must complete the training requirements of WAC 246-827-0400 within six months prior to reapplying for the credential.

(c) A medical assistant-hemodialysis technician must complete the training requirements of WAC 246-827-0500 within six months prior to reapplying for the credential.

(5) If the medical assistant-registered credential has expired, they must also submit a new application as provided for in WAC 246-827-0300.

[Statutory Authority: RCW 18.360.030, 18.360.040, and 18.360.070. WSR 23-16-004, § 246-827-0610, filed 7/19/23, effective 8/19/23. Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0610, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0620 Inactive status. A medical assistant-certified, a medical assistant-hemodialysis technician, or a medical assistant-phlebotomist may obtain an inactive credential as described in chapter 246-12 WAC, Part 4.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0620, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0630 Retired volunteer medical worker credential. A medical assistant-certified, a medical assistant-hemodialysis technician, or a medical assistant-phlebotomist may obtain an initial retired volunteer medical worker credential as described in chapter 246-12 WAC, Part 12. To change a retired volunteer medical assistant credential to active status the person must follow the requirements of WAC 246-12-450.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0630, filed 5/31/13, effective 7/1/13.]

WAC 246-827-990 Medical assistant—Fees and renewal cycle. (1) Credentials must be renewed every two years on the practitioner's birthday as provided in chapter 246-12 WAC.

(2) The following nonrefundable fees will be charged for medical assistant-certified, medical assistant-hemodialysis technician, medical assistant-phlebotomist, and medical assistant-EMT credentials:

Title of Fee	Fee
Initial credential	$145.00
Renewal	145.00
Late renewal penalty	75.00
Expired credential reissuance	55.00
Verification of credential	25.00
Duplicate credential	10.00

(3) The following nonrefundable fees will be charged for a medical assistant-registered credential:

Title of Fee	Fee
Initial credential	$115.00
Renewal	110.00
Late renewal penalty	60.00
Expired credential reissuance	40.00
Verification of credential	25.00
Duplicate credential	10.00

[Statutory Authority: 2024 c 217, chapter 18.360 RCW, RCW 18.360.030, 18.360.040, 18.360.050, and 18.360.070. WSR 25-13-095, s 246-827-990, filed 6/17/25, effective 8/1/25. Statutory Authority: RCW 43.70.250 and 43.70.280. WSR 17-24-014 and 17-22-088, § 246-827-990, filed 11/27/17 and 10/27/17, effective 3/1/18. Statutory Authority: 2012 c 208, 2012 c 23, 2012 c 137, 2012 c 153, RCW 43.70.110, and 43.70.250. WSR 12-24-015, § 246-827-990, filed 11/27/12, effective 7/1/13.]