

Individual State Agency Fiscal Note

Bill Number: 1073 E S HB	Title: Medical assistants	Agency: 303-Department of Health
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.2	0.2	0.2	0.2	0.2
Account					
Health Professions Account-State 02G-1	29,000	36,000	65,000	56,000	56,000
Total \$	29,000	36,000	65,000	56,000	56,000

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

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Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

The fiscal impact has changed from house bill 1073 as a result of the additions in this bill. This substitute adds language to further define supervision in section 1 and in section 2 adds language to allow medical assistant-phlebotomist and medical assistant-hemodialysis to work for 180 days while their credential certification is being processed. It also adds section 4, which explains the necessity for the act and states it will take effect immediately.

Section 1: Amends RCW 18.360.010 (Definitions.) stating a health care practitioner does not need to be present during procedures to administer vaccines or obtain specimens for or perform diagnostic testing.

Section 2: Amends RCW 18.360.040 (Certification and registration requirements.) to include an allowed 180-day work limit for applicants under the level of required supervision while a medical assistant-hemodialysis technician or medical assistant-phlebotomist technician certification application is being processed.

Section 3: Amends RCW 18.360.050 (Authorized duties.) to expand the scope of practice for a medical assistant-certified, including: 1) Establishing intravenous lines for diagnostic or therapeutic purposes, without administering medications under the supervision of a health care practitioner; 2) Preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office surgeries, including those with minimal sedation; 3) Performing diagnostic testing and electrocardiography; and 4) Administering medications under certain guidelines. The department must adopt rules to establish minimum standards for a medical assistant-registered to administer inter-muscular injections.

Section 4: States this act is necessary for the immediate preservation of the of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

Current law RCW 43.70.250 (License fees for professions, occupations, and businesses.) requires the department to charge a fee to generate sufficient revenue to fully support the costs of administering its medical assistant licensing activities. The department does not anticipate the need to increase licensing fees to support changes proposed in this bill. The department will monitor all program fund balances and adjust fees over a six (6) year period to ensure fees are sufficient to cover all program expenditures.

As of July 1, 2022, the Medical Assistant program has a sufficient fund balance to cover costs to implement this bill.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

RULEMAKING

Sections 1, 2 and 3: The department will adopt rules in WAC 246-827-0240 to update supervision requirement language for administering vaccines, set minimum standards for medical assistant-registered to administer drugs, and include new definitions and allowed scope of duties language. The department anticipates utilizing a team of subject matter experts to implement this bill consisting of a program manager and a community engagement specialist to identify underreached communities and engage them in the rulemaking process. This process will include two virtual meetings with interested parties as well as one formal rules hearing and will take approximately 12 months to complete. The department anticipates providing the rules hearing announcement and materials in English and Spanish and providing ASL and Spanish

interpretation services at the rules hearing.

Costs include staff, associated expenses (including goods and services, travel, intra-agency, and indirect charges), and Office of Attorney General support in the amount of \$4,000.

FY 2024 one-time costs will be 0.2 FTE and \$29,000 (02G).

HEALTH TECHNOLOGY SOLUTIONS (HTS):

Sections 2 and 3: Configuration in the department’s Healthcare Enforcement and Licensing Modernization System will require 38 hours from the integration vendor at a rate of \$262.50 per hour. Work will include the initial vendor configuration changes and updates to the medical assistant-phlebotomist application.

FY 2025 one-time costs will be \$10,000 (02G).

OFFICE OF INVESTIGATION AND LEGAL SERVICES (OILS):

Section 3: Based on the expansion of scope for medical assistants, the department estimates a 3.6% percent increase in complaints against medical assistants. Based on the 467 complaints received last year against medical assistants, the department estimates an additional 17 complaints per year, resulting in six additional cases in year one and seven additional cases per year in subsequent years.

The complaint response process includes five steps: 1) intake, 2) assessment, 3) investigation, 4) case disposition, and 5) adjudication. Staff review the complaint, identify the history of the person complained about and help assess whether an investigation is needed. In more than half the cases, investigation is needed. The investigator obtains information about the complaint and the respondent and prepares a report detailing findings. After investigation, the disciplining authority decides whether to pursue legal action. Staff attorneys, paralegals, assistant attorney general, and other staff work to develop legal documents and charge the violation. Most cases are settled, and the staff attorney manages that process. If the respondent asks for a hearing, staff must schedule the hearing, and the health law judge considers all legal motions, presides over the hearing and drafts the final order. Also, the Office of the Attorney General will represent the department at hearing and may provide advice throughout the disciplinary process.

Cost estimates for the complaint response process associated with this bill were calculated using the department’s Disciplinary Workload Model. Estimated discipline costs include staff, associated costs (goods and services, intra-agency and indirect charges) and Office of Attorney General support in the amount of \$2,000 each year.

FY 2025 costs will be 0.2 FTE and \$26,000 (02G).

FY 2026 and ongoing, costs will be 0.2 FTE and \$28,000 (02G).

TOTAL COST TO IMPLEMENT THE BILL:

FY 2024: 0.2 FTE and \$29,000 (02G)

FY 2025: 0.2 FTE and \$36,000 (02G)

FY 2026 and ongoing: 0.2 FTE and \$28,000 (02G)

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
02G-1	Health Professions Account	State	29,000	36,000	65,000	56,000	56,000
Total \$			29,000	36,000	65,000	56,000	56,000

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.2	0.2	0.2	0.2	0.2
A-Salaries and Wages	16,000	16,000	32,000	34,000	34,000
B-Employee Benefits	6,000	6,000	12,000	12,000	12,000
C-Professional Service Contracts	1,000	10,000	11,000		
E-Goods and Other Services	5,000	3,000	8,000	8,000	8,000
T-Intra-Agency Reimbursements	1,000	1,000	2,000	2,000	2,000
Total \$	29,000	36,000	65,000	56,000	56,000

III. C - Operating FTE Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

Job Classification	Salary	FY 2024	FY 2025	2023-25	2025-27	2027-29
HEALTH CARE INVESTIGATOR 3	78,900		0.1	0.1	0.1	0.1
HEALTH SERVICES CONSULTANT 1	55,872		0.1	0.1	0.1	0.1
HEALTH SERVICES CONSULTANT 4	82,896	0.1		0.1		
MANAGEMENT ANALYST 4	82,896	0.1		0.1		
Total FTEs		0.2	0.2	0.2	0.2	0.2

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

Section 1, 2 and 3: The department will adopt rules in WAC 246-827-0240 necessary to implement this bill.