



AMT

American Medical Technologists

Certifying Excellence in Allied Health

COMPENDIUM OF STATE LAWS and RULES

AUTHORIZING and REGULATING MEDICAL ASSISTING PRACTICE

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ALABAMA

TITLE 34 Professions and Businesses

CHAPTER 21 Nurses

Article 1 General Provisions

Code of Ala. § 34-21-6 (2011)

§ 34-21-6. Exemptions.

This chapter does not prohibit: the furnishing of nursing assistance in an emergency; the practice of any legally qualified nurse of another state, who is employed by the United States government or any bureau, division or agency thereof, while in the discharge of his or her official duties; the practice of nursing by students enrolled in approved schools of nursing, as may be incidental to their course of study, nor shall it prohibit such students working as nursing aides; the practice of any currently licensed registered nurse or licensed practical nurse of another state whose employment responsibilities include transporting patients into, out of, or through this state or who is presenting educational programs or consultative services within this state not to exceed 30 days; persons, including nursing aides, orderlies and attendants, carrying out duties necessary for the support of nursing services, including those duties which involve supportive nursing services performed in hospitals and elsewhere under the direction of licensed physicians or dentists, or under the supervision of professional nurses licensed hereunder, nor gratuitous nursing of the sick by friends or members of the family, nor the care of the sick when done in accordance with the practice of religious principles or tenets of any well recognized church or denomination which relies upon prayer or spiritual means alone for healing.

ALASKA

TITLE 8. BUSINESS AND PROFESSIONS

CHAPTER 68. NURSING

ARTICLE 7. GENERAL PROVISIONS

Alaska Stat. § 08.68.805 (2011)

Sec. 08.68.805. Delegation of nursing functions

A registered or practical nurse licensed under this chapter may delegate nursing duties to other persons, including unlicensed assistive personnel, under regulations adopted by the board. A person to whom the nursing duties are delegated may perform the delegated duties without a license or certificate under this chapter if the person meets the applicable requirements established by the board.

Alaska Administrative Code [Currentness](#)

Title 12. Professional and Vocational Regulations
Part 1. Boards and Commissions Subject to Centralized Licensing
Chapter 44. Board of Nursing
Article 9. General Provisions

[12 AAC 44.966](#). Delegation of the administration of injectable medication.

(a) The administration of injectable medication is a specialized nursing task that may be delegated under the standards set out in [12 AAC 44.950](#)(a), (c), and (d) and this section.

(b) The administration of injectable medication may be delegated only by an advanced nurse practitioner to a certified medical assistant. The certified medical assistant may only perform the delegated duty in a private or public ambulatory care setting, and the advanced nurse practitioner must be immediately available on site when the certified medical assistant is administering injectable medication.

(c) The certified medical assistant to whom the administration of an injectable medication is to be delegated must successfully complete a training course in administration of medication approved by the board.

(d) To delegate to a certified medical assistant the administration of an injectable medication to a patient the written instructions provided to the certified medical assistant under [12 AAC 44.950](#)(a)(7) must also include the information required in [12 AAC 44.965](#)(d)(1)-(3).

(e) The delegating advanced nurse practitioner is responsible for ensuring that the certified medical assistant maintains a national certification and for reviewing a current criminal background check upon hire, to be reviewed at five-year intervals. If the certified medical assistant has been convicted of a crime that, under [AS 08.68.270](#) and [12 AAC 44.705](#), is substantially related to the qualifications, functions, or duties of a certified nurse aide, registered nurse, or practical nurse, the advanced nurse practitioner may not delegate the administration of injectable medications to that certified medical assistant.

(f) In this section,

(1) “certified medical assistant” means a person who is currently nationally certified as a medical assistant by a national body accredited by the National Commission for Certifying Agencies (NCCA) and meets the requirements of this section;

(2) “immediately available on site” means that the advanced nurse practitioner is present on site in the unit of care and not otherwise engaged in a procedure or task that the nurse practitioner may not immediately leave when needed;

(3) “injectable medication” means

(A) B vitamins;

- (B) diphenhydramine;
- (C) medroxyprogesterone acetate;
- (D) epinephrine delivered by autoinjector;
- (E) ketoralac;
- (F) vaccines;
- (G) purified protein derivative (PPD).

Chapter 40 - Alaska Medical Board

12 AAC 40.480. Exemptions

(a) Nothing in this chapter prevents or regulates the use of a community health aide in the usual and customary manner in the rural areas of the State of Alaska.

(b) Nothing in this chapter regulates, restricts, or alters the functions of a person traditionally employed in an office, by a physician, in a position not regulated by the State Medical Board under AS 08.64.

History: Eff. 1/13/80, Register 73; am 7/11/81, Register 79

ARIZONA

ARIZONA REVISED STATUTES (A.R.S.)

TITLE 32. PROFESSIONS AND OCCUPATIONS

CHAPTER 13. MEDICINE AND SURGERY

ARTICLE 3. REGULATION

A.R.S. § 32-1456 (2011)

§ 32-1456. Medical assistants; use of title; violation; classification

A. A medical assistant may perform the following medical procedures under the direct supervision of a doctor of medicine, physician assistant or nurse practitioner:

1. Take body fluid specimens.
2. Administer injections.

B. The board by rule may prescribe other medical procedures which a medical assistant may perform under the direct supervision of a doctor of medicine, physician assistant or nurse practitioner on a determination by the board that the procedures may be competently performed by a medical assistant.

C. Without the direct supervision of a doctor of medicine, physician assistant or nurse practitioner, a medical assistant may perform the following tasks:

1. Billing and coding.
2. Verifying insurance.
3. Making patient appointments.
4. Scheduling.
5. Recording a doctor's findings in patient charts and transcribing materials in patient charts and records.
6. Performing visual acuity screening as part of a routine physical.
7. Taking and recording patient vital signs and medical history on medical records.

D. The board by rule shall prescribe medical assistant training requirements.

E. A person who uses the title medical assistant or a related abbreviation is guilty of a class 3 misdemeanor unless that person is working as a medical assistant under the direct supervision of a doctor of medicine, physician assistant or nurse practitioner.

CHAPTER 17 OSTEOPATHIC PHYSICIANS AND SURGEONS

A.R.S. § 32-1800. Definitions

17. "Medical assistant" means an unlicensed person who has completed an educational program approved by the board, who assists in a medical practice under the supervision of a doctor of osteopathic medicine and who performs delegated procedures commensurate with the assistant's education and training but who does not diagnose, interpret, design or modify established treatment programs or violate any statute.

§ 32-1859. Medical assistants

Nothing in this chapter shall be construed to prevent a medical assistant from assisting a doctor of osteopathic medicine pursuant to rules adopted by the board.

ARIZONA ADMINISTRATIVE CODE

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 16. ARIZONA MEDICAL BOARD

ARTICLE 4. MEDICAL ASSISTANTS

R4-16-401. Medical Assistant Training Requirements

A. A supervising physician or physician assistant shall ensure that a medical assistant satisfies one of the following training requirements before employing the medical assistant:

1. Completion of an approved medical assistant training program; or
2. Completion of an unapproved medical assistant training program and passage of the medical assistant examination administered by either the American Association of Medical Assistants or the American Medical Technologists.

B. This Section does not apply to any person who:

1. Before February 2, 2000:
 - a. Completed an unapproved medical assistant training program and was employed as a medical assistant after program completion; or
 - b. Was directly supervised by the same physician, physician group, or physician assistant for a minimum of 2000 hours; or
2. Completes a United States Armed Forces medical services training program.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Former Section R4-16-401 recodified to R4-16-501; New Section R4-16-401 recodified from R4-16-301 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Former Section R4-16-401 repealed; New Section R4-16-401 renumbered from R4-16-402 and amended by final rulemaking at 12 A.A.R. 823, effective February 23, 2006 (Supp. 06-1).

R4-16-402. Authorized Procedures for Medical Assistants

A. A medical assistant may perform, under the direct supervision of a physician or a physician assistant, the medical procedures listed in the 2003 revised edition, Commission on Accreditation of Allied Health Education Program's, "Standards and Guidelines for an Accredited Educational Program for the Medical Assistant, Section (III)(C)(3)(a) through (III)(C)(3)(c)." This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and may be obtained from the publisher at 35 East Wacker Drive, Suite 1970, Chicago, Illinois 60601, www.caahep.org, or

the Arizona Medical Board at 9545 E. Doubletree Ranch Road, Scottsdale, AZ 85258, www.azmd.gov.

B. In addition to the medical procedures in subsection (A), a medical assistant may administer the following under the direct supervision of a physician or physician assistant:

1. Whirlpool treatments,
2. Diathermy treatments,
3. Electronic galvation stimulation treatments,
4. Ultrasound therapy,
5. Massage therapy,
6. Traction treatments,
7. Transcutaneous Nerve Stimulation unit treatments,
8. Hot and cold pack treatments, and
9. Small volume nebulizer treatments.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 4270, effective November 18, 2002 (Supp. 02-3). Former Section R4-16-402 recodified to R4-16-502; New Section R4-16-402 recodified from R4-16-302 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Former Section R4-16-402 renumbered to R4-16-401; New Section R4-16-402 renumbered from R4-16-403 and amended by final rulemaking at 12 A.A.R. 823, effective February 23, 2006 (Supp. 06-1).

CHAPTER 22. BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY

ARTICLE 4. MEDICAL ASSISTANTS

R4-22-401. Approval of Educational Programs for Medical Assistants

A. For purposes of this Section, a Board-approved medical assistant training program is a program:

1. Accredited by CAAHEP;
2. Accredited by ABHES;
3. Accredited by any accrediting agency recognized by the United States Department of Education; or
4. Designed and offered by a licensed osteopathic physician, that meets or exceeds the standards of one of the accrediting programs listed in subsections (A)(1) through (A)(3), and the licensed osteopathic physician verifies that those who complete the program have the entry level competencies referenced in R4-22-402.

B. A person seeking approval of a training program for medical assistants shall submit to the Board the application required under R4-22-201 and verification that the program meets the requirements in subsection (A).

R4-22-402. Medical Assistants – Authorized Procedures

A. A medical assistant may, under the direct supervision of a licensed osteopathic physician, perform the medical procedures listed in the Commission on Accreditation of Allied Health Education Programs' *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*, revised 2008. This material is incorporated by reference, does not include any later revisions, amendments or editions, is on file with the Board, and may be obtained from the Commission on Accreditation of Allied Health Education Programs, 1361 Park Street, Clearwater, FL 33756, 727-210-2350, or www.caahep.org.

B. Additionally, a medical assistant working under the direct supervision of a licensed osteopathic physician may:

1. Perform physical medicine modalities, including administering whirlpool treatments, diathermy treatments, electronic galvanic stimulation treatments, ultrasound therapy, massage therapy, and traction treatments;
2. Apply Transcutaneous Nerve Stimulation units and hot and cold packs;
3. Administer small volume nebulizers;
4. Draw blood;
5. Prepare proper dosages of medication and administer the medication as directed by the physician;
6. Assist in minor surgical procedures;
7. Perform urine analyses, strep screens, and urine pregnancy tests;
8. Perform EKGs; and
9. Take vital signs.

R4-22-403. Medical Assistant Training Requirement

A. The supervising licensed osteopathic physician or physician assistant who will provide direct supervision to a medical assistant shall ensure that a the medical assistant satisfies one of the following training requirements before the medical assistant is employed:

1. Completes an approved medical assistant training program,
2. Completes an unapproved medical assistant training program and passes a medical assistant examination administered by either the American Association of Medical Assistants or the American Medical Technologists, or
3. Completes a medical services training program of the Armed Forces of the United States.

B. This Section does not apply to a person who completed a medical assistant training program before August 7, 2004, and was employed continuously as a medical assistant since completing the program.

NOTE: AAC Ch. 22, Art. 4 was revised by Board of Osteopathic Examiners in Medicine and Surgery by final rule published in the *Arizona Administrative Register* Oct. 3, 2014.

ARKANSAS

Title 17 Professions, Occupations, and Businesses

Subtitle 3. Medical Professions

Chapter 95 Physicians and Surgeons

Subchapter 2 -- Arkansas Medical Practices Act -- General Provisions

A.C.A. § 17-95-208 (2011)

17-95-208. Rules on physician's authority to delegate.

(a) The Arkansas State Medical Board shall adopt rules that establish standards to be met and procedures to be followed by a physician with respect to the physician's delegation of the performance of medical practices to a qualified and properly trained employee who is not licensed or otherwise specifically authorized by the Arkansas Code to perform the practice.

(b) The rules adopted under subsection (a) of this section shall provide that:

(1) The delegating physician remains responsible for the acts of the employee performing the delegated practice;

(2) The employee performing the delegated practice shall not be represented to the public as a licensed physician, licensed nurse, licensed physician's assistant, or other licensed healthcare provider; and

(3) Medical practices delegated under this section shall be performed under the physician's supervision.

(c) Delegation of medical practices under this section may include administration of drugs that do not require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical, and social sciences as determined by the board.

(d) Rules adopted regarding the delegation of the administration of drugs shall provide for:

(1) The delegated administration of drugs only within the physical boundaries of the delegating physician's offices;

(2) Evaluation of whether delegation is appropriate according to the acuity of the patient involved;

(3) Training and competency requirements that shall be met by the person administering the drugs; and

(4) Other standards and procedures the board considers relevant.

(e) The board shall not adopt rules that:

(1) Authorize a physician to transfer to a health professional other than another physician the physician's responsibility for supervising a delegated medical practice;

(2) Authorize an individual to whom a medical practice is delegated to delegate the performance of that practice to another individual;

(3) Authorize a physician to delegate the administration of anesthesia; or

(4) Conflict with a provision of the Arkansas Code that specifically authorizes an individual to perform a particular practice.

**REGULATION 31:
PHYSICIAN DELEGATION REGULATION
(Revised 6-1-12)**

Act 472 of the 87th General Assembly of the State of Arkansas, as of the year 2009, authorized Physicians to delegate the performance of certain medical practices or tasks to qualified and properly trained employees (commonly referred to as medical assistants), who are not licensed or otherwise specifically authorized by Arkansas law to perform the practice or task. This Regulation will set forth standards to be met and the procedures to be followed by the Physician when delegating to employees.

Definitions for Purposes of this Regulation:

1. "Physician" means an individual licensed by the Arkansas State Medical Board to practice medicine in the State of Arkansas.

2. "Medical Practice" means those tasks or functions that are delegated to a qualified and properly trained employee, including the administration of drugs, pursuant to Act 472 of 2009 and this Regulation.

3. "Delegate" means to authorize a qualified and properly trained employee to perform a medical practice that does not conflict with a provision of the Arkansas Code that specifically authorizes an individual to perform a particular practice.

4. "Supervision" means the act by a Physician in directing and overseeing an employee who performs a delegated medical practice.

5. "Medical Assistant" means an employee of a Physician who has been delegated medical practices or tasks, and who has not been licensed by or specifically authorized to perform the practice or task pursuant to other provisions of Arkansas law.

Section 1. General Provisions

A. The delegating Physician remains responsible for the acts of the employee performing the delegated medical practice;

B. The employee performing the delegated medical practice shall not be represented to the public as a licensed physician) licensed nurse, licensed physician's assistant, or other licensed healthcare provider; and

C. Medical practices delegated pursuant to this statute and regulation shall be performed under the physician's supervision.

Section 2. Procedures for Delegating a Medical Practice

A. Prior to delegating a medical practice or task, the physician shall determine the following:

- 1) That the medical practice or task is within that Physician's authority to perform;
- 2) That the medical practice or task is indicated for the patient;
- 3) The appropriate level of supervision for the Physician to exercise while the medical practice or task is being performed;
- 4) That the person to whom the medical practice or task is being delegated is qualified and properly trained to perform the medical practice or task; and
- 5) That the medical practice is one that can be appropriately delegated when considering the following factors:
 - i. That the medical practice can be performed without requiring the exercise of judgment based on medical knowledge;
 - ii. That the results of the medical practice are reasonably predictable;
 - iii. That the medical practice can be safely performed according to exact, unchanging directions;
 - iv. That the medical practice can be performed without the need for complex observations or critical decisions; and
 - v. That the medical practice can be performed without repeated medical assessments.

Section 3. Additional Requirements for Delegating the Administration of Drugs

- A. A Physician may only delegate the administration of drugs that do not require substantial, specialized judgment and skill based on knowledge and application of the principles of biological, physical, and social sciences.
- B. Administration of drugs, delegated pursuant to this Regulation, shall only be permissible within the physical boundaries of the delegating physician's offices;
- C. The Physician shall evaluate the acuity of the patient and make a determination that delegation is appropriate;
- D. The Physician shall determine the competency of the person to whom the administration of drugs is being delegated through training and experience, including the physician's personal observation.

Section 4. Prohibitions

- A. A physician shall not transfer his or her responsibility for supervising an unlicensed person in the performance of a delegated medical practice, except to another physician who has knowingly accepted that responsibility;
- B. A physician shall not authorize or permit an unlicensed person to whom a medical practice is delegated to delegate the performance of that practice to another person;
- C. A physician shall not delegate to an unlicensed person the administration of anesthesia;
- D. A physician shall not delegate a medical practice that is not within the authority of that physician or is beyond the physician's training, expertise, or normal course of practice; and
- E. A physician shall not delegate a medical practice to an unlicensed person if the practice is beyond that person's competence.

History: Adopted: February 4, 2010; Effective Date June 1, 2010.

CALIFORNIA

**California Business and Professions Code
Division 2 – Healing Arts
Chapter 5 – Medicine
Article 3 – License Required and Exemptions**

2069.

(a) (1) Notwithstanding any other law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist. A medical assistant may also perform all these tasks and services upon the specific authorization of a physician assistant, a nurse practitioner, or a certified nurse-midwife.

(2) The supervising physician and surgeon may, at his or her discretion, in consultation with the nurse practitioner, certified nurse-midwife, or physician assistant, provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. These written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, certified nurse-midwife, or physician assistant within the standardized procedures or protocol, and that tasks may be performed when the supervising physician and surgeon is not onsite, if either of the following apply:

(A) The nurse practitioner or certified nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725, or protocol. The standardized procedures or protocol, including instructions for specific authorizations, shall be developed and approved by the supervising physician and surgeon and the nurse practitioner or certified nurse-midwife.

(B) The physician assistant is functioning pursuant to regulated services defined in Section 3502, including instructions for specific authorizations, and is approved to do so by the supervising physician and surgeon.

(b) As used in this section and Sections 2070 and 2071, the following definitions apply:

(1) "Medical assistant" means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist, or group thereof, for a medical or podiatry corporation, for a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the board. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.

(2) "Specific authorization" means a specific written order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed on a patient, which shall be placed in the patient's medical record, or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed on the patient's medical record.

(3) "Supervision" means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:

(A) A licensed physician and surgeon.

(B) A licensed podiatrist.

(C) A physician assistant, nurse practitioner, or certified nurse-midwife as provided in subdivision (a).

(4) (A) "Technical supportive services" means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a).

(B) Notwithstanding any other law, in a facility licensed by the California State Board of Pharmacy under Section 4180 or 4190, other than a facility operated by the state, "technical supportive services" also includes handing to a patient a prepackaged prescription drug, excluding a controlled substance, that is labeled in compliance with Section 4170 and all other applicable state and federal laws and ordered by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife in accordance with subdivision (a). In every instance, prior to handing the medication to a patient pursuant to this subparagraph, the properly labeled and prepackaged prescription drug shall have the patient's name affixed to the package and a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife shall verify that it is the correct medication and dosage for that specific patient and shall provide the appropriate patient consultation regarding use of the drug.

(c) Nothing in this section shall be construed as authorizing any of the following:

(1) The licensure of medical assistants.

(2) The administration of local anesthetic agents by a medical assistant.

(3) The board to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.

(4) A medical assistant to perform any clinical laboratory test or examination for which he or she is not authorized by Chapter 3 (commencing with Section 1200).

(5) A nurse practitioner, certified nurse-midwife, or physician assistant to be a laboratory director of a clinical laboratory, as those terms are defined in paragraph (8) of subdivision (a) of Section 1206 and subdivision (a) of Section 1209.

(d) A nurse practitioner, certified nurse-midwife, or physician assistant shall not authorize a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized by Chapter 3 (commencing with Section 1200). A violation of this subdivision constitutes unprofessional conduct.

(e) Notwithstanding any other law, a medical assistant shall not be employed for inpatient care in a licensed general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

(Amended by Stats. 2014, Ch. 333, Sec. 1. Effective January 1, 2015.)

2070.

Notwithstanding any other provision of law, a medical assistant may perform venipuncture or skin puncture for the purposes of withdrawing blood upon specific authorization and under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a) of Section 2069, if prior thereto the medical assistant has had at least the minimum amount of hours of appropriate training pursuant to standards established by the Division of Licensing. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the training required. A copy of the certificate shall be retained as a record by each employer of the medical assistant.

(Amended by Stats. 2001, Ch. 358, Sec. 3. Effective January 1, 2002.)

2071.

The board shall adopt and administer regulations that establish standards for technical supportive services that may be performed by a medical assistant. Nothing in this section shall prohibit the board from amending or repealing regulations covering medical assistants. The board shall, prior to the adoption of any regulations, request recommendations regarding these standards from appropriate public agencies, including, but not limited to, the State Board of Optometry, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians, the Laboratory Field Services division of the State Department of Public Health, those divisions of the State Department of Education that pertain to private postsecondary education and career and vocational preparation, the Chancellor of the California Community Colleges, the California Board of Podiatric Medicine, the Physician Assistant Examining Committee, and the Physical Therapy Board of California. The board shall also request recommendations regarding these standards from associations of medical assistants, physicians and surgeons, nurses, doctors of podiatric medicine, physician assistants, physical therapists, laboratory technologists, optometrists, and others as the board finds appropriate, including, but not limited to, the California Optometric Association, the California Nurses Association, the California Medical Association, the California Society of Medical Assistants, the California Medical Assistants Association, and the California Physical Therapy Association. Nothing in this section shall be construed to supersede or modify that portion of the Administrative Procedure Act that relates to the procedure for the adoption of regulations and which is set forth in Article 5 (commencing with Section 11346) of Chapter 3.5 of Part 1 of Division 3 of Title 2 of the Government Code.

(Amended by Stats. 2013, Ch. 389, Sec. 1. Effective January 1, 2014.)

16 CCR § 1366 - Cal. Admin. Code tit. 16, § 1366
Title 16. Professional and Vocational Regulations
Division 13. Medical Board of California
Chapter 3. Affiliated Healing Arts
Article 2. Medical Assistants

§ 1366. Additional Technical Supportive Services.

(a) A medical assistant may perform additional technical supportive services such as those specified herein provided that all of the following conditions are met:

(1) Each technical supportive service is not prohibited by another provision of law, including Section 2069(c) of the code, or these regulations, and is a usual and customary part of the medical or podiatric practice where the medical assistant is employed;

(2) The supervising physician or podiatrist authorizes the medical assistant to perform the service and shall be responsible for the patient's treatment and care;

(3) The medical assistant has completed the training specified in Sections 1366.2, 1366.3, and 1366.4 and has demonstrated competence in the performance of the service;

(4) A record shall be made in the patient chart or other record, including a computerized record, if any, of each technical supportive service performed by the medical assistant, indicating the name, initials or other identifier of the medical assistant, the date and time, a description of the service performed, and the name of the physician or podiatrist who gave the medical assistant patient-specific authorization to perform the task or who authorized such performance under a patient-specific standing order.

(5) The supervising physician or podiatrist may, at his or her discretion, provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. Such written instructions may provide that a physician assistant or registered nurse may assign a task authorized by a physician or podiatrist.

(b) A medical assistant in accordance with the provisions of subsection (a) may perform additional technical supportive services such as the following:

(1) Administer medication orally, sublingually, topically, vaginally or rectally, or by providing a single dose to a patient for immediate self-administration. Administer medication by inhalation if the medications are patient-specific and have been or will be routinely and repetitively administered to that patient. In every instance, prior to administration of medication by the medical assistant, a licensed physician or podiatrist, or another person authorized by law to do so shall verify the correct

medication and dosage. Nothing in this section shall be construed as authorizing the administration of any anesthetic agent by a medical assistant.

(2) Perform electrocardiogram, electroencephalogram, or plethysmography tests, except full body plethysmography. Nothing in this section shall permit a medical assistant to perform tests involving the penetration of human tissues except for skin tests as provided in Section 2069 of the code, or to interpret test findings or results.

(3) Apply and remove bandages and dressings; apply orthopedic appliances such as knee immobilizers, envelope slings, orthotics, and similar devices; remove casts, splints and other external devices; obtain impressions for orthotics, padding and custom molded shoes; select and adjust crutches to patient; and instruct patient in proper use of crutches.

(4) Remove sutures or staples from superficial incisions or lacerations.

(5) Perform ear lavage to remove impacted cerumen.

(6) Collect by non-invasive techniques, and preserve specimens for testing, including urine, sputum, semen and stool.

(7) Assist patients in ambulation and transfers.

(8) Prepare patients for and assist the physician, podiatrist, physician assistant or registered nurse in examinations or procedures including positioning, draping, shaving and disinfecting treatment sites; prepare a patient for gait analysis testing.

(9) As authorized by the physician or podiatrist, provide patient information and instructions.

(10) Collect and record patient data including height, weight, temperature, pulse, respiration rate and blood pressure, and basic information about the presenting and previous conditions.

(11) Perform simple laboratory and screening tests customarily performed in a medical office.

(12) Cut the nails of otherwise healthy patients.

(c) Nothing in this section prohibits the administration of first aid or cardiopulmonary resuscitation in an emergency.

(d) Nothing in these regulations shall be construed to authorize a medical assistant to practice physical therapy.

(e) Nothing in these regulations shall be construed to modify the requirement that a licensed physician or podiatrist be physically present in the treatment facility as required in Section 2069 of the code.

(f) A medical assistant may also fit prescription lenses or use any optical device in connection with ocular exercises, visual training, vision training, or orthoptics pursuant to Sections 2544 and 3042 of the code, but nothing in these regulations shall require a technician performing only those functions permitted by Sections 2544 and 3042 of the code to be qualified as a medical assistant.

COLORADO

TITLE 12. PROFESSIONS AND OCCUPATIONS

HEALTH CARE

ARTICLE 36. MEDICAL PRACTICE

PART 1. GENERAL PROVISIONS

C.R.S. 12-36-106 (2010)

12-36-106. Practice of medicine defined - exemptions from licensing requirements - unauthorized practice by physician assistants - penalties - rules – repeal

(3) A person may engage in, and shall not be required to obtain a license or a physician training license under this article with respect to, any of the following acts: ****

(l) The rendering of services, other than the prescribing of drugs, by persons qualified by experience, education, or training, under the personal and responsible direction and supervision of a person licensed under the laws of this state to practice medicine, but nothing in this exemption shall be deemed to extend or limit the scope of any license, and this exemption shall not apply to persons otherwise qualified to practice medicine but not licensed to so practice in this state;

NOTE: On 2/16/2017, the Colorado Medical Board issued a revised Rule 800, titled “DELEGATION AND SUPERVISION OF MEDICAL SERVICES TO UNLICENSED PERSONS PURSUANT TO SECTION 12-36-106(3)(l), C.R.S.” 3 CCR 713-30

Rule 800, as revised, includes detailed procedures and protocols to be used by physicians and other licensed providers who delegate acts constituting the practice of medicine to unlicensed persons, **other than** those persons exempt under C.R.S. section 12-36-106, reproduced in relevant part above.

It is the opinion of AMT’s legal counsel that Rule 800 is **inapplicable** to physicians’ delegation of routine clinical tasks to medical assistants who are qualified by experience, education, or training, and who are acting under the personal and responsible direction and supervision of a person licensed under the laws of Colorado to practice medicine.

[Text of Rule 800](#)

FLORIDA

TITLE 32. REGULATION OF PROFESSIONS AND OCCUPATIONS (Chs. 454-493)

CHAPTER 458. MEDICAL PRACTICE

Fla. Stat. § 458.3485 (2011)

§ 458.3485. Medical assistant

(1) *Definition.* --As used in this section, "medical assistant" means a professional multiskilled person dedicated to assisting in all aspects of medical practice under the direct supervision and responsibility of a physician. This practitioner assists with patient care management, executes administrative and clinical procedures, and often performs managerial and supervisory functions. Competence in the field also requires that a medical assistant adhere to ethical and legal standards of professional practice, recognize and respond to emergencies, and demonstrate professional characteristics.

(2) *Duties.* --Under the direct supervision and responsibility of a licensed physician, a medical assistant may undertake the following duties:

(a) Performing clinical procedures, to include:

1. Performing aseptic procedures.
2. Taking vital signs.
3. Preparing patients for the physician's care.
4. Performing venipunctures and nonintravenous injections.
5. Observing and reporting patients' signs or symptoms.

(b) Administering basic first aid.

(c) Assisting with patient examinations or treatments.

(d) Operating office medical equipment.

(e) Collecting routine laboratory specimens as directed by the physician.

(f) Administering medication as directed by the physician.

(g) Performing basic laboratory procedures.

(h) Performing office procedures including all general administrative duties required by the physician.

(i) Performing dialysis procedures, including home dialysis.

(3) *Certification.* – To obtain the designation as a certified medical assistant, the medical assistant must receive certification from a certification program accredited by the National Commission for Certifying Agencies, a national or state medical association, or an entity approved by the board.

GEORGIA

TITLE 43. PROFESSIONS AND BUSINESSES
CHAPTER 34. PHYSICIANS, ACUPUNCTURE, PHYSICIAN ASSISTANTS, CANCER AND GLAUCOMA TREATMENT, RESPIRATORY CARE, CLINICAL PERFUSIONISTS, AND ORTHOTICS AND PROSTHETICS PRACTICE
ARTICLE 2. MEDICAL PRACTICE
O.C.G.A. § 43-34-44 (2012)

§ 43-34-44. Role of medical assistants clarified

Nothing in this article shall be construed to prohibit the performance by medical assistants of medical tasks, including subcutaneous and intramuscular injections; obtaining vital signs; administering nebulizer treatments; or other tasks approved by the board pursuant to rule, if under the supervision by a physician in his or her office; provided, however, that this shall not require on-site supervision at all times, or the performance by medical assistants of medical tasks ordered by a physician assistant or advanced practice registered nurse delegated the authority to issue such an order in accordance with law and pursuant to rules of the board.

HISTORY: Code 1981, § 43-34-44, enacted by Ga. L. 2009, p. 859, § 1/HB 509.

§ 43-34-22. Practicing medicine without a license; titles and abbreviations; exceptions

(b) Nothing in this chapter shall be construed to prohibit:

(8) The utilization of a physician assistant to perform tasks approved by the board, and the performance of such tasks by the physician assistant; the delegation by a physician to a qualified person other than a physician assistant of any acts, duties, or functions which are otherwise permitted by law or established by custom; and the performance of such acts, duties, or functions by such a person other than a physician assistant;

O.C.G.A. § 43-34-23 (2011)

§ 43-34-23. Delegation of authority to nurse or physician assistant

(f) Nothing in this Code section shall be construed to limit or repeal any existing authority of a licensed physician to delegate to a qualified person any acts, duties, or functions which are otherwise permitted by law or established by custom.

Rules of Composite Medical Board:

Georgia Admin. Code

360-3-.05 Medical Assistants, Polysomnography Technologists, and Radiology Technologists.

(1) It shall be grounds for disciplinary action by the Board if a physician aids or abets another person in misrepresenting his/her credentials or engaging in unlicensed practice. Engaging in unlicensed practice includes delegation by a physician of professional responsibilities to a person who is not authorized to provide such services. A physician may delegate the performance of certain medical tasks to an unlicensed person with appropriate supervision as provided herein.

(a) Medical Assistants

1. For purposes of this rule, a medical assistant is an unlicensed person employed by the physician to whom he or she delegates certain medical tasks.

(i) A physician may delegate to a medical assistant the following medical tasks: subcutaneous and intramuscular injections; obtaining vital signs; administering nebulizer treatments; or removing sutures and changing dressings.

(ii) Physicians or physician assistants under basic job description and/or advanced practice nurses under protocol must be on-site for a medical assistant to administer subcutaneous and intramuscular injections, to administer nebulizer treatments, and to remove sutures and change dressings. It is not required for a physician to be on-site for a medical assistant to obtain vital signs.

(iii) Physician shall only allow medical assistants to provide services for which they have been properly trained. Physicians shall maintain accurate and complete records of professional services rendered.

(iv) Nothing in this rule prohibits the performance of tasks by medical assistants that would not otherwise require a license. [Adopted by Ga. Composite Medical Bd. 2010.]

HAWAII

HRS § 453-5.3 (2011)

§ 453-5.3. Physician assistant; licensure required.

(a) The Hawaii medical board shall require each person practicing medicine under the supervision of a physician or osteopathic physician, other than a person licensed under section 453-3, to be licensed as a physician assistant. A person who is trained to do only a

very limited number of diagnostic or therapeutic procedures under the direction of a physician or osteopathic physician shall not be deemed a practitioner of medicine or osteopathy and therefore does not require licensure under this section.

IDAHO

GENERAL LAWS

TITLE 54. PROFESSIONS, VOCATIONS, AND BUSINESSES

CHAPTER 18. PHYSICIANS AND SURGEONS

MEDICAL PRACTICE ACT

Idaho Code § 54-1804 (2011)

§ 54-1804. Unlicensed practice -- Penalties and remedies relating to unlicensed practice

(1) Under the circumstances described and subject in each case to limitations stated, the following persons, though not holding a license to practice medicine in this state, may engage in activities included in the practice of medicine:

(g) A person administering a remedy, diagnostic procedure or advice as specifically directed by a physician;

ILLINOIS

CHAPTER 225. PROFESSIONS AND OCCUPATIONS

HEALTH

MEDICAL PRACTICE ACT OF 1987

225 ILCS 60/54.2 (2011)

§ [225 ILCS 60/54.2](#). (For postponed repeal of this Act, see notes under 225 ILCS 60/1)
Physician delegation of authority

Sec. 54.2. (a) Nothing in this Act shall be construed to limit the delegation of patient care tasks or duties by a physician, to a licensed practical nurse, a registered professional nurse, or other licensed person practicing within the scope of his or her individual licensing Act. Delegation by a physician licensed to practice medicine in all its branches to physician assistants or advanced practice nurses is also addressed in Section 54.5 of this Act [[225 ILCS 60/54.5](#)]. No physician may delegate any patient care task or duty that is statutorily or by rule mandated to be performed by a physician.

(b) In an office or practice setting and within a physician-patient relationship, a physician may delegate patient care tasks or duties to an unlicensed person who possesses appropriate training and experience provided a health care professional, who is practicing

within the scope of such licensed professional's individual licensing Act, is on site to provide assistance.

(c) Any such patient care task or duty delegated to a licensed or unlicensed person must be within the scope of practice, education, training, or experience of the delegating physician and within the context of a physician-patient relationship.

(d) Nothing in this Section shall be construed to affect referrals for professional services required by law.

(e) The Department shall have the authority to promulgate rules concerning a physician's delegation, including but not limited to, the use of light emitting devices for patient care or treatment.

(f) Nothing in this Act shall be construed to limit the method of delegation that may be authorized by any means, including, but not limited to, oral, written, electronic, standing orders, protocols, guidelines, or verbal orders.

**ILLINOIS ADMINISTRATIVE CODE
TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS
PART 1285 MEDICAL PRACTICE ACT OF 1987
SECTION 1285.335 PHYSICIAN DELEGATION OF AUTHORITY**

Section 1285.335 Physician Delegation of Authority

* * * *

(f) Nothing in this Section shall be construed to limit the delegation of tasks or duties by a physician licensed to practice medicine in all its branches to a licensed practical nurse, a registered professional nurse, or other personnel including, but not limited to, certified nurse assistants or medical assistants. (Section 54.5 of the Act)

INDIANA

**Title 25 Professions and Occupations
Article 22.5 Physicians
Chapter 1 Definitions and Exclusions
Burns Ind. Code Ann. § 25-22.5-1-2 (2011)**

25-22.5-1-2. Exclusions.

(a) This article, as it relates to the unlawful or unauthorized practice of medicine or osteopathic medicine, does not apply to any of the following:

(20) An employee of a physician or group of physicians who performs an act, a duty, or a function that is customarily within the specific area of practice of the employing physician or group of physicians, if the act, duty, or function is performed under the direction and supervision of the employing physician or a physician of the employing group within whose area of practice the act, duty, or function falls. An employee may not make a diagnosis or prescribe a treatment and must report the results of an examination of a patient conducted by the employee to the employing physician or the physician of the employing group under whose supervision the employee is working. An employee may not administer medication without the specific order of the employing physician or a physician of the employing group. Unless an employee is licensed or registered to independently practice in a profession described in subdivisions (9) through (18), nothing in this subsection grants the employee independent practitioner status or the authority to perform patient services in an independent practice in a profession.

IOWA

No specific laws/regulations

IA Code § 152.1 (2017) [Link](#)

IA Code §148C.8 (2016) [Link](#)

KANSAS

CHAPTER 65. PUBLIC HEALTH
ARTICLE 28. HEALING ARTS
KANSAS HEALING ARTS ACT
K.S.A. § 65-2872 (2011)

65-2872 Persons not engaged in the practice of the healing arts.

The practice of the healing arts shall not be construed to include the following persons:

(g) Persons whose professional services are performed under the supervision or by order of or referral from a practitioner who is licensed under this act.

LOUISIANA

**LOUISIANA REVISED STATUTES
TITLE 37. PROFESSIONS AND OCCUPATIONS
CHAPTER 15. PHYSICIANS, SURGEONS, AND MIDWIVES
PART 5. PHYSICIAN ASSISTANTS
La. R.S. 37:1360.38 (2011)**

§ 37:1360.38. Exemptions

B. Nothing herein shall prohibit or limit the authority of physicians to employ auxiliary personnel not recognized under this Part.

MAINE

**TITLE 32. PROFESSIONS AND OCCUPATIONS
CHAPTER 48. BOARD OF LICENSURE IN MEDICINE
SUBCHAPTER 2. LICENSURE
32 M.R.S. § 3270-A (2011)**

§ 3270-A. Assistants

This chapter may not be construed to prohibit an individual from rendering medical services if these services are rendered under the supervision and control of a physician or surgeon and if that individual has satisfactorily completed a training program approved by the Board of Licensure in Medicine and a competency examination determined by this board. Supervision and control may not be construed as requiring the personal presence of the supervising and controlling physician at the place where these services are rendered, unless a physical presence is necessary to provide patient care of the same quality as provided by the physician. This chapter may not be construed as prohibiting a physician or surgeon from delegating to the physician's or surgeon's employees certain activities relating to medical care and treatment carried out by custom and usage when the activities are under the control of the physician or surgeon who must be present on the premises at the time the activities are performed. The physician delegating these activities to employees, to program graduates or to participants in an approved training program is legally liable for the activities of those individuals, and any individual in this relationship is considered the physician's agent. This section may not be construed to apply to registered nurses acting pursuant to chapter 31.

Section 3270-E. License and registration of physician assistants

* * * *

4. Delegation by physician assistant. A physician assistant may delegate medical

acts to a medical assistant employed by the physician assistant or by an employer of the physician assistant as long as that delegation is permitted in the plan of supervision established by the physician assistant and the supervising physician. [Added by H.564, June 2015.]

MAINE REVISED STATUTES (MRS)
Title 32: PROFESSIONS AND OCCUPATIONS
Chapter 36: OSTEOPATHIC PHYSICIANS
Subchapter 7: GENERAL PROVISIONS

§2594-A. Assistants

Nothing contained in this chapter may be construed to prohibit an individual from rendering medical services if these services are rendered under the supervision and control of a physician and if the individual has satisfactorily completed a training program approved by the Board of Osteopathic Licensure. Supervision and control may not be construed as requiring the personal presence of the supervising and controlling physician at the place where these services are rendered, unless a physical presence is necessary to provide patient care of the same quality as provided by the physician. Nothing in this chapter may be construed as prohibiting a physician from delegating to the physician's employees or support staff certain activities relating to medical care and treatment carried out by custom and usage when these activities are under the direct control of the physician. The physician delegating these activities to employees or support staff, to program graduates or to participants in an approved training program is legally liable for the activities of those individuals, and any individual in this relationship is considered the physician's agent. Nothing contained in this section may be construed to apply to registered nurses acting pursuant to chapter 31. [2013, c. 33, §1 (AMD).]

When the delegated activities are part of the practice of optometry as defined in chapter 34-A, then the individual to whom these activities are delegated must possess a valid license to practice optometry in Maine or otherwise may perform only as a technician within the established office of a physician and may act solely on the order of and under the responsibility of a physician skilled in the treatment of eyes as designated by the proper professional board and without assuming evaluation or interpretation of examination findings by prescribing corrective procedures to preserve, restore or improve vision. [1993, c. 600, Pt. A, §184 (AMD).]

§ 2594-E. License and registration of physician assistants

* * * *

4. Delegation by physician assistant. A physician assistant may delegate medical acts to a medical assistant employed by the physician assistant or by an employer of the physician assistant as long as that delegation is permitted in the plan of supervision established by the physician assistant and the supervising physician. [Added by H.564, June 2015.]

Joint rule adopted 7/21/16 by the Board of Licensure in Medicine and Board of Osteopathic Licensure (State Net ID: ME 10920 2015) provides in part:

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

373 BOARD OF LICENSURE IN MEDICINE

a joint rule with

383 BOARD OF OSTEOPATHIC LICENSURE

Chapter 2: JOINT RULE REGARDING PHYSICIAN ASSISTANTS

SECTION 3. UNIFORM SCOPE OF PRACTICE FOR PHYSICIAN ASSISTANTS

3. Delegation by Physician Assistants

A. Physician assistants rendering medical services under delegation from a supervising physician may delegate certain medical services to medical assistants when the medical services are under the control of the physician assistant or the supervising physician, one of whom must be present on the premises at the time the medical services are performed.

B. The supervising physician is ultimately responsible for any medical services delegated to the medical assistant by the physician assistant.

C. The medical services delegated by the physician assistant to a medical assistant must be described in the written plan of supervision.

D. The medical assistant may perform all assigned tasks authorized by the supervising physician as delegated by the physician assistant and identified in the physician assistant's plan of supervision, with the following exceptions:

- (1) Patient triage;
- (2) Patient examination; and
- (3) Obtaining informed consent (except for immunizations)

MARYLAND

HEALTH OCCUPATIONS

TITLE 14. PHYSICIANS

SUBTITLE 3. LICENSING

Md. HEALTH OCCUPATIONS Code Ann. § 14-306 (2011)

§ [14-306](#). Duties delegated by a licensed physician

(a) Scope of exemption. -- To the extent permitted by the rules, regulations, and orders of the Board, an individual to whom duties are delegated by a licensed physician may perform those duties without a license as provided in this section.

(b) Practitioners of other health occupations included. -- The individuals to whom duties may be delegated under this section include any individual authorized to practice any other health occupation regulated under this article or [§ 13-516 of the Education Article](#).

(c) Board required to adopt rules and regulations. -- The Board shall adopt rules and regulations to delineate the scope of this section. Before it adopts any rule or regulation under this section, the Board shall invite and consider proposals from any individual or health group that could be affected by the rule or regulation.

(d) Joint adoption of rules and regulations relating to other occupations. --

(1) If a duty that is to be delegated under this section is a part of the practice of a health occupation that is regulated under this article by another board, any rule or regulation concerning that duty shall be adopted jointly by the Board of Physicians and the board that regulates the other health occupation.

(2) If the two boards cannot agree on a proposed rule or regulation, the proposal shall be submitted to the Secretary for a final decision.

(e) X-rays. -- An individual may perform X-ray duties without a license only if the duties:

(1) Do not include:

(i) Computerized or noncomputerized tomography;

(ii) Fluoroscopy;

(iii) Invasive radiology;

(iv) Mammography;

(v) Nuclear medicine;

(vi) Radiation therapy; or

(vii) Xerography.

(2) Are limited to X-ray procedures of the:

(i) Chest, anterior-posterior and lateral;

(ii) Spine, anterior-posterior and lateral; or

(iii) Extremities, anterior-posterior and lateral, not including the head.

(3) Are performed:

(i) By an individual who is not employed primarily to perform X-ray duties;

(ii) In the medical office of the physician who delegates the duties; and

(iii) By an individual who, before October 1, 2002, has:

1. Taken a course consisting of at least 30 hours of training in performing X-ray procedures approved by the Maryland Radiological Society in consultation with the Maryland Society of Radiologic Technologists; and

2. Successfully passed an examination based on that course that has been approved by the Maryland Radiological Society in consultation with the Maryland Society of Radiologic Technologists.

MASSACHUSETTS

TITLE 243: BOARD OF REGISTRATION IN MEDICINE

CHAPTER 2.00: THE PRACTICE OF MEDICINE

243 CMR 2.07 (2011)

2.07: General Provisions Governing The Practice Of Medicine

(4) Delegation of Medical Services. A full licensee may permit a skilled professional or non-professional assistant to perform services in a manner consistent with accepted medical standards and appropriate to the assistant's skill.

MICHIGAN

CHAPTER 333 HEALTH

PUBLIC HEALTH CODE

ARTICLE 15. OCCUPATIONS

PART 161. GENERAL PROVISIONS

MCLS § 333.16215 (2011)

§ 333.16215. Delegation of acts, tasks, or functions to licensed or unlicensed individual; supervision; rules; immunity; third party reimbursement or worker's compensation benefits.

Sec. 16215. (1) Subject to subsections (2) to(6), a licensee who holds a license other than a health profession subfield license may delegate to a licensed or unlicensed individual who

is otherwise qualified by education, training, or experience the performance of selected acts, tasks, or functions where the acts, tasks, or functions fall within the scope of practice of the licensee's profession and will be performed under the licensee's supervision. A licensee shall not delegate an act, task, or function under this section if the act, task, or function, under standards of acceptable and prevailing practice, requires the level of education, skill, and judgment required of the licensee under this article.

(2) Subject to subsection (1) and except as otherwise provided in this subsection and subsections (3) and (4), a licensee who is an allopathic physician or osteopathic physician and surgeon shall delegate an act, task, or function that involves the performance of a procedure that requires the use of surgical instrumentation only to an individual who is licensed under this article. A licensee who is an allopathic physician or osteopathic physician and surgeon may delegate an act, task, or function described in this subsection to an individual who is not licensed under this article if the unlicensed individual is 1 or more of the following and if the procedure is directly supervised by a licensed allopathic physician or osteopathic physician and surgeon who is physically present during the performance of the procedure:

(a) A student enrolled in a school of medicine or osteopathic medicine approved by the Michigan board of medicine or the Michigan board of osteopathic medicine and surgery.

(b) A student enrolled in a physician's assistant training program approved by the joint physician's assistant task force created under part 170.

(3) Subject to subsection (1), a licensee who is an allopathic physician or osteopathic physician and surgeon may delegate an act, task, or function described in subsection (2) to an individual who is not licensed under this article and who is 1 of the following:

(a) Performing acupuncture.

(b) Surgically removing only bone, skin, blood vessels, cartilage, dura mater, ligaments, tendons, pericardial tissue, or heart valves only from a deceased individual for transplantation, implantation, infusion, injection, or other medical or scientific purpose.

(4) Subject to subsection (1), a licensee who is an allopathic physician or osteopathic physician and surgeon may delegate an act, task, or function described in subsection (2) to an individual who is not licensed under this article if the procedure is directly supervised by a licensed allopathic physician or osteopathic physician and surgeon who is physically present during the performance of the procedure, the delegation of such procedure is not prohibited or otherwise restricted by the board or that health facility or agency, and the delegation of that act, task, or function is specifically authorized by that health facility or agency to be delegated and performed by either of the following unlicensed individuals:

(a) A surgical technologist who meets the qualifications established by the health facility or agency with which he or she is employed or under contract with.

(b) A surgical first assistant who meets the qualifications established by the health facility or agency with which he or she is employed or under contract with.

(5) A board may promulgate rules to further prohibit or otherwise restrict delegation of specific acts, tasks, or functions to a licensed or unlicensed individual if the board determines that the delegation constitutes or may constitute a danger to the health, safety, or welfare of the patient or public.

(6) To promote safe and competent practice, a board may promulgate rules to specify conditions under which, and categories and types of licensed and unlicensed individuals for whom, closer supervision may be required for acts, tasks, and functions delegated under this section.

(7) An individual who performs acts, tasks, or functions delegated pursuant to this section does not violate the part that regulates the scope of practice of that health profession.

(8) The amendatory act that added this subsection does not require new or additional third party reimbursement or mandated worker's compensation benefits for services rendered by an individual authorized to perform those services under subsection (4).

MISSOURI

TITLE 22. OCCUPATIONS AND PROFESSIONS (Chs. 324-346)

CHAPTER 334. PHYSICIANS AND SURGEONS--THERAPISTS--ATHLETIC TRAINERS -- HEALTH CARE PROVIDERS

PHYSICIAN ASSISTANTS

§ 334.740 R.S.Mo. (2011)

§ [334.740](#). Title of licensed profession--used only by licensed persons--service may be performed without licensure, when--violation, penalty

2. Nothing in [sections 334.735](#) to [334.749](#) shall be construed as prohibiting any individual whether licensed pursuant to sections 334.735 to 334.749 or not from providing the services of physician assistant.

MONTANA

TITLE 37 PROFESSIONS AND OCCUPATIONS

CHAPTER 3 MEDICINE

PART 1 GENERAL

Mont. Code Anno., §§ 37-3-102 & 37-3-104 (2010)

[37-3-102](#). Definitions. Unless the context requires otherwise, in this chapter, the following definitions apply: * * * *

(10) "Medical assistant" means an unlicensed allied health care worker who functions under the supervision of a physician or podiatrist in a physician's or podiatrist's office and who performs administrative and clinical tasks.

[37-3-104](#). Medical assistants -- guidelines.

(1) The board shall adopt guidelines by administrative rule for:

(a) the performance of administrative and clinical tasks by a medical assistant that are allowed to be delegated by a physician or podiatrist, including the administration of medications; and

(b) the level of physician or podiatrist supervision required for a medical assistant when performing specified administrative and clinical tasks delegated by a physician or podiatrist. However, the board shall adopt a rule requiring onsite supervision of a medical assistant by a physician or podiatrist for invasive procedures, administration of medication, or allergy testing.

(2) The physician or podiatrist who is supervising the medical assistant is responsible for:

(a) ensuring that the medical assistant is competent to perform clinical tasks and meets the requirements of the guidelines;

(b) ensuring that the performance of the clinical tasks by the medical assistant is in accordance with the board's guidelines and good medical practice; and

(c) ensuring minimum educational requirements for the medical assistant.

(3) The board may hold the supervising physician or podiatrist responsible in accordance with [37-1-410](#) or [37-3-323](#) for any acts of or omissions by the medical assistant acting in the ordinary course and scope of the assigned duties.

MONTANA BOARD OF MEDICAL EXAMINERS
ARM 24.156.640

[24.156.640](#) MEDICAL ASSISTANT

(1) For the purpose of this rule, the following definitions apply:

(a) "Direct supervision" means the supervisor is within audible and visible reach of the person being supervised.

(b) "Office" means a location that a physician or podiatrist designates as the physician's or podiatrist's office, but excludes acute care or long term care facilities.

However, the physician or podiatrist may utilize a building which houses an emergency room, acute care, or long term care facility for scheduled services.

(c) "Onsite supervision" means the supervisor is in the facility and quickly available to the person being supervised.

(d) "Supervision" means accepting responsibility for, and overseeing the medical services of, a medical assistant by telephone, radio or in person as frequently as necessary considering the location, nature of practice and experience of the medical assistant.

(2) Medical assistants shall work under the supervision of a Montana-licensed physician or podiatrist who is responsible for assigning administrative and clinical tasks to the medical assistant relating to the physician or podiatrist's practice of medicine.

(3) Physician or podiatrist supervision shall be active and continuous but does not require the physical presence of the supervising physician or podiatrist at the time and place that services are rendered so long as the physician or podiatrist is available for consultation, except that physician or podiatrist supervision shall be onsite when a medical assistant performs:

(a) invasive procedures;

(b) administers medicine; or

(c) performs allergy testing.

(4) The supervising physician or podiatrist is responsible for determining the competency of a medical assistant to perform the administrative and clinical tasks assigned to the medical assistant. Assigned tasks must be consistent with the supervising physician or podiatrist's education, training, experience, and active practice. Assigned tasks must be the type that a reasonable and prudent physician (or podiatrist) would find within the scope of sound medical judgment to assign. Assigned tasks, other than those tasks enumerated in 37-3-104 (1)(b), MCA, shall be routine, technical tasks for which the medical assistant has been appropriately trained. A physician (or podiatrist) may only assign tasks that the physician (or podiatrist) is qualified to perform and tasks that the physician (or podiatrist) has not been legally restricted from performing. Any tasks performed by the medical assistant will be held to the same standard that is applied to the supervising physician or podiatrist.

(a) Assigned tasks cannot be subsequently assigned to another party by the medical assistant.

(5) The supervising physician or podiatrist's office shall ensure that patients are informed when a medical assistant is seeing them and shall ensure that assigned tasks are provided in the context of an appropriate physician/patient relationship. A medical assistant shall wear a name badge that includes the title "medical assistant".

(6) A medical assistant must be a graduate of an accredited medical assisting program or possess experience, training or education sufficient, in the supervising physician or podiatrist's opinion, to perform assigned duties responsibly, safely and conscientiously. It is the responsibility of the physician (or podiatrist) to ensure that the medical assistant has the necessary education, training or experience to perform the assigned task.

(7) The following tasks may not be assigned to a medical assistant:

(a) any invasive procedures, including injections other than immunizations, in which human tissue is cut or altered by mechanical or energy forms, including electrical or laser energy or ionizing radiation, unless under the onsite supervision of a physician or podiatrist;

(b) care of an in-patient admitted to an acute care hospital facility licensed by DPHHS;

(c) conscious sedation monitoring, unless under the direct supervision of a physician or podiatrist;

(d) administering fluids or medications through an IV, unless under the direct supervision of a physician or podiatrist; and

(e) administering blood products by IV.

(8) Health care providers licensed in this state or any other jurisdiction whose licenses have been restricted, suspended, revoked or voluntarily relinquished in lieu of discipline are prohibited from working in a physician or podiatrist's office as an unlicensed medical assistant.

History: [37-3-104](#), [37-3-203](#), MCA; IMP, [37-3-104](#), MCA; NEW, 2006 MAR p. 759, Eff. 3/24/06.

Source: http://www.mtrules.org/gateWay/Print_RV.Asp?RV=22138 5/29/2012

NEBRASKA

CHAPTER 38. HEALTH OCCUPATIONS AND PROFESSIONS

ARTICLE 22. NURSE PRACTICE ACT

R.R.S. Neb. § 38-2218 (2011)

§ 38-2218. Nursing; practices permitted.

The Nurse Practice Act confers no authority to practice medicine or surgery. The act does not prohibit:

(3) Auxiliary patient care services provided by persons carrying out duties under the direction of a licensed practitioner;

NEVADA

See Senate Bill No. 294 (March 21, 2011). Signed by Governor June 16, 2011.

NEVADA REVISED STATUTES

CHAPTER 454 - POISONS; DANGEROUS DRUGS AND HYPODERMICS

NRS 454.213 Authority to possess and administer dangerous drug. [Effective January 1, 2012.]

A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:

* * * *

22. A medical assistant, in accordance with applicable regulations of the:

(a) Board of Medical Examiners, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

(b) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

CHAPTER 630 - PHYSICIANS, PHYSICIAN ASSISTANTS, MEDICAL ASSISTANTS, PERFUSIONISTS AND PRACTITIONERS OF RESPIRATORY CARE

NRS 630.0129 "Medical assistant" defined. [Effective January 1, 2012.]

1. "Medical assistant" means a person who:

(a) Performs clinical tasks under the supervision of a physician or physician assistant; and

(b) Does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks.

2. The term does not include a person who performs only administrative, clerical, executive or other nonclinical tasks.

NEVADA ADMINISTRATIVE CODE (NAC)

Regulations of the Nevada Board of Medical Examiners

NAC 630.230 – Prohibited professional conduct. (NRS 630.130, 630.275)

1. A person who is licensed as a physician or physician assistant shall not:

* * * *

(g) Allow any person to act as a medical assistant in the treatment of a patient of the physician or physician assistant, unless the medical assistant has sufficient training to provide the assistance;

(h) Fail to provide adequate supervision of a medical assistant who is employed or supervised by the physician or physician assistant, including, without limitation, supervision provided in the manner described in NAC 630.810 or 630.820;

SUPERVISION OF MEDICAL ASSISTANTS

NAC 630.800 “Delegating practitioner” defined. (NRS 630.130, 630.138) As used in NAC 630.800 to 630.830, inclusive, unless the context otherwise requires, “delegating practitioner” means a person who is licensed as a physician or physician assistant and who delegates to a medical assistant the performance of a task pursuant to the provisions of NAC 630.810 or 630.820.

(Added to NAC by Bd. of Medical Exam’rs by R094-12, eff. 2-20-2013)

[NAC 630.810](#) Delegation of tasks to medical assistant. (NRS 630.130, 630.138)

1. A delegating practitioner may delegate to a medical assistant the performance of a task if:

(a) The delegating practitioner knows that the medical assistant possesses the knowledge, skill and training to perform the task safely and properly;

(b) The medical assistant is not required to be certified or licensed to perform that task; and

(c) The medical assistant is employed by the delegating practitioner or the medical assistant and the delegating practitioner are employed by the same employer.

(d) The employer of the medical assistant has complied with the requirements of subsection 2 as they relate to the task.

2. Except as otherwise provided in NAC 630.820, if a medical assistant is delegated a task which involves an invasive procedure, the delegating practitioner must be immediately available to exercise oversight in person while the medical assistant performs the task.

3. Except as otherwise provided in [NAC 630.820](#), if a medical assistant is delegated a task which involves an invasive procedure, the delegating practitioner must be immediately available to exercise oversight in person while the medical assistant performs the task.

4. A medical assistant shall not make a diagnosis, initiate any treatment or prescribe any drug.

(Added to NAC by Bd. of Medical Exam'rs by R094-12, eff. 2-20-2013; amended by R096-16, 12-21-2016)

NAC 630.820 Remote supervision of medical assistant. (NRS 630.130, 630.138)

1. A delegating practitioner may supervise remotely a medical assistant to whom the practitioner has delegated the performance of a task if:

(a) The patient is located in a rural area;

(b) The delegating practitioner is physically located a significant distance from the location where the task is to be performed;

(c) The delegating practitioner determines that the exigent needs of the patient require immediate attention;

(d) The patient and the delegating practitioner previously established a practitioner-patient relationship; and

(e) The delegating practitioner is immediately available by telephone or other means of instant communication during the performance of the task by the medical assistant.

2. As used in this section, "rural area" means any area in this State other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

(Added to NAC by Bd. of Medical Exam'rs by R094-12, eff. 2-20-2013)

NAC 630.830 Prohibited activities by delegating practitioner. (NRS 630.130, 630.138)

A delegating practitioner retains responsibility for the safety and performance of each task which is delegated to a medical assistant. A delegating practitioner shall not:

1. Delegate a task that is not within the authority, training, expertise or normal scope of practice of the delegating practitioner;

2. Transfer to another physician or physician assistant the responsibility of supervising a medical assistant during the performance of a task unless the physician or physician assistant knowingly accepts that responsibility;

3. Authorize or allow a medical assistant to delegate the performance of a task delegated to the medical assistant to any other person; or

4. Delegate or otherwise allow a medical assistant to administer an anesthetic agent which renders a patient unconscious or semiconscious.

(Added to NAC by Bd. of Medical Exam'rs by R094-12, eff. 2-20-2013)

NEW JERSEY

TITLE 13. LAW AND PUBLIC SAFETY CHAPTER 35. BOARD OF MEDICAL EXAMINERS SUBCHAPTER 6. GENERAL RULES OF PRACTICE N.J.A.C. 13:35-6.4 (2016)

§ 13:35-6.4 Delegation of administration of subcutaneous and intramuscular injections to certified medical assistants

(a) The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise:

2. "Certified medical assistant" means a graduate of a post-secondary medical assisting education program accredited by the National Healthcare Association (NHA), or its successor, The Committee on Allied Health Education and Accreditation of the American Medical Association (CAHEA), or its successor; Accrediting Bureau of Health Education Schools (ABHES), or its successor; or any accrediting agency recognized by the U.S. Department of Education. The educational program shall include, at a minimum, 600 clock hours of instruction and shall encompass training in the administration of intramuscular and subcutaneous injections and instruction and demonstration in: pertinent anatomy and physiology appropriate to injection procedures; choice of equipment; proper technique, including sterile technique; hazards and complications; and emergency procedures. The medical assistant must also maintain current certification from the Certifying Board of the American Association of Medical Assistants (AAMA), the National Center for Competency Testing (NCCT) or registration from the American Medical Technologists (AMT), or any other recognized certifying body approved by the Board.

(b) A physician may direct a certified medical assistant employed in the medical practice in which the physician practices medicine, to administer to the physician's patients an intradermal, intramuscular or subcutaneous injection in the limited circumstances set forth in this section, without being in violation of the pertinent professional practice act implemented by the Board, to the extent such conduct is permissible under any other pertinent law or rule administered by the Board or any other State agency.

(c) A physician may direct the administration of an injection by a certified medical assistant only where the following conditions are satisfied:

1. The physician has determined and documented that the certified medical assistant has the qualifications set forth in (a)2 above and has attained a satisfactory level of comprehension and experience in the administration of intramuscular and subcutaneous injection techniques.
2. The physician shall examine the patient to ascertain the nature of the trauma, disease or condition of the patient; to determine the appropriate treatment of the patient including administration of an injection; to assess the risks of such injection for a given patient and the diagnosed injury, disease or condition; and to determine that the anticipated benefits are likely to outweigh those risks.
3. The physician shall determine all components of the precise treatment to be given, including the type of injection to be utilized, dosage, method and area of administration, and any other factors peculiar to the risks, such as avoidance of administration sites on certain parts of the body. The physician shall assure that this information shall be written on the patient's record and made available at all times to the medical assistant carrying out the treatment instructions, who shall also be identified by name and credentials in the patient record on each occasion that an injection is administered.
4. The physician shall remain on the premises at all times that treatment orders for injections are being carried out by the assistant and shall be within reasonable proximity to the treatment room and available to observe, assess and take any necessary action regarding effectiveness, adverse reaction or any emergency.
5. The certified medical assistant shall wear a clearly visible identification badge indicating his or her name and credentials.

(d) The physician shall not direct the administration by a certified medical assistant of an injection which includes any of the following: any substance related to allergenic testing or treatment, local anesthetics, controlled dangerous substances, experimental drugs including any drug not having approval of the Food and Drug Administration (FDA), or any substance used as an antineoplastic chemotherapeutic agent with the exception of corticosteroids.

NOTE: At the time this edition of the compendium was published, the New Jersey Board of Medical Examiners had proposed revisions to § 13:35-6.4 (a)(2) to revise the definition of "certified medical assistant" by reducing the minimum required number of clock-hours in an accredited medical assistant education program from 600 to 330; and by adding several additional recognized certifying organizations to those listed in the rule.

NEW MEXICO

CHAPTER 61. PROFESSIONAL AND OCCUPATIONAL LICENSES

ARTICLE 6. MEDICINE AND SURGERY

N.M. Stat. Ann. § 61-6-17 (2011)

§ 61-6-17. Exceptions to act. (Repealed effective July 1, 2016.)

The Medical Practice Act [61-6-1 NMSA 1978] shall not apply to or affect:

H. an act, task or function of laboratory technicians or technologists, x-ray technicians, nurse practitioners, medical or surgical assistants or other technicians or qualified persons permitted by law or established by custom as part of the duties delegated to them by:

(1) a licensed physician or a hospital, clinic or institution licensed or approved by the public health division of the department of health or an agency of the federal government; or

(2) a health care program operated or financed by an agency of the state or federal government;

I. a properly trained medical or surgical assistant or technician or professional licensee performing under the physician's employment and direct supervision or a visiting physician or surgeon operating under the physician's direct supervision a medical act that a reasonable and prudent physician would find within the scope of sound medical judgment to delegate if, in the opinion of the delegating physician, the act can be properly and safely performed in its customary manner and if the person does not hold himself out to the public as being authorized to practice medicine in New Mexico. The delegating physician shall remain responsible for the medical acts of the person performing the delegated medical acts;

NORTH CAROLINA

CHAPTER 90. MEDICINE AND ALLIED OCCUPATIONS

ARTICLE 1 - PRACTICE OF MEDICINE

N.C. Gen. Stat. § 90-18 (2011)

§ 90-18. Practicing without license; penalties.

(a) No person shall perform any act constituting the practice of medicine or surgery, as defined in this Article, or any of the branches thereof, unless the person shall have been first licensed and registered so to do in the manner provided in this Article.

* * * *

(c) The following shall not constitute practicing medicine or surgery as defined in this Article:

* * * *

(13) The performance of any medical acts, tasks, and functions by a licensed physician assistant at the direction or under the supervision of a physician in accordance with rules adopted by the Board. This subdivision shall not limit or prevent any physician from delegating to a qualified person any acts, tasks, and functions that are otherwise permitted by law or established by custom.

**ARTICLE 9A. NURSING PRACTICE ACT
N.C. Gen. Stat. § 90-171.43 (2011)**

§ 90-171.43. License required

No person shall practice or offer to practice as a registered nurse or licensed practical nurse, or use the word "nurse" as a title for herself or himself, or use an abbreviation to indicate that the person is a registered nurse or licensed practical nurse, unless the person is currently licensed as a registered nurse or licensed practical nurse as provided by this Article. If the word "nurse" is part of a longer title, such as "nurse's aide", a person who is entitled to use that title shall use the entire title and may not abbreviate the title to "nurse". This Article shall not, however, be construed to prohibit or limit the following:

(4) The delegation to any person, including a member of the patient's family, by a physician licensed to practice medicine in North Carolina, a licensed dentist or registered nurse of those patient-care services which are routine, repetitive, limited in scope that do not require the professional judgment of a registered nurse or licensed practical nurse;

NORTH DAKOTA

**TITLE 43 Occupations and Professions
CHAPTER 43-17 Physicians and Surgeons
N.D. Cent. Code, § 43-17-02 (2011)
Legislative Alert: See section 1.**

[43-17-02](#). Persons exempt from the provisions of chapter.

The provisions of this chapter do not apply to the following:

9. Any person rendering services as a physician assistant, if such service is rendered under the supervision, control, and responsibility of a licensed physician. However, sections 43-17-02.1 and 43-17-02.2 do apply to physician assistants. The state board of medical examiners

shall prescribe rules governing the conduct, licensure, fees, qualifications, discipline, activities, and supervision of physician assistants. Physician assistants may not be authorized to perform any services which must be performed by persons licensed pursuant to chapters 43-12.1, 43-13, 43-15, and 43-28 or services otherwise regulated by licensing laws, notwithstanding the fact that medical doctors need not be licensed specifically to perform the services contemplated under such chapters or licensing laws.

NORTH DAKOTA
DEFINITIONS
CHAPTER 43-12.1
Nurse Practices Act

43-12.1-02 Definitions.

9. Unlicensed assistive person means an assistant to the nurse who regardless of title is authorized by the board to perform nursing interventions delegated and supervised by a nurse.

CHAPTER 54-01-03
DEFINITIONS
Section

54-01-03-01 Definitions

"Delegation" means the authorization for the performance of selected nursing interventions from a licensed nurse to an unlicensed assistive person.

"Medication administration" means the delivery of medication by a licensed nurse or an individual delegated to and supervised by a licensed nurse, to a client whose use of that medication must be monitored and evaluated applying specialized knowledge, skills, and abilities possessed by a licensed nurse.

"Medication assistant" means an individual who has a current registration as an unlicensed assistive person, has had additional training in administration and possesses a current registration from the board as one of the following medication assistants:

a. Medication assistant I is a person who has completed all the requirements for a medication assistant program I. A medication assistant I is limited to employment in a setting in which a licensed nurse is not regularly scheduled.

b. Medication assistant II is a person who has completed additional training past the medication assistant program I and met all the requirements for a medication assistant program II. A medication assistant II may be employed both in a setting in which a licensed nurse is regularly scheduled and a setting in which a licensed nurse is not regularly scheduled.

c. Medication assistant III is a person who has completed two semesters of an approved nursing education program, each of which must have included a clinical nursing component, or a graduate of a board-recognized medical assistant program. A medication assistant III may be employed both in a setting in which a licensed nurse is regularly scheduled and a setting in which a licensed nurse is not regularly scheduled.

“Medication assistant program” means a program of study and clinical practice in the administration of routine, regularly scheduled medications which meets board requirements.

“Regularly scheduled presence of a licensed nurse” means that a licensed nurse is present a minimum of eight hours in a twenty-four hour period of time in a setting where nursing care is continuously delivered “Routine, regularly scheduled medication” means the components of an identified medication regimen for an individual or groups of individuals with stable conditions which are administered on a routine basis and do not require determination of need, drug calculation or dosage conversion.

“Unlicensed assistive person registry” means a listing of all persons who are authorized by the board or included on another state registry, which has been recognized by the board to perform nursing interventions delegated and supervised by a licensed nurse.

OHIO

TITLE 47. OCCUPATIONS – PROFESSIONS CHAPTER 4730. PHYSICIAN ASSISTANTS ORC Ann. 4730.03 (2011)

§ 4730.03. Exceptions; construction of provisions

Nothing in this chapter shall:

(C) Prohibit a physician from delegating responsibilities to any nurse or other qualified person who does not hold a certificate to practice as a physician assistant, provided that the individual does not hold the individual out to be a physician assistant;

ORC Ann. 4731.053 (2011)

§ 4731.053. Rules for physician's delegation of medical task

(A) As used in this section, "physician" means an individual authorized by this chapter to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.

(B) The state medical board shall adopt rules that establish standards to be met and procedures to be followed by a physician with respect to the physician's delegation of the performance of a medical task to a person who is not licensed or otherwise specifically authorized by the Revised Code to perform the task. The rules shall be adopted in accordance with Chapter 119 of the Revised Code and shall include a coroner's investigator among the individuals who are competent to recite the facts of a deceased person's medical condition to a physician so that the physician may pronounce the person dead without personally examining the body.

(C) To the extent that delegation applies to the administration of drugs, the rules adopted under this section shall provide for all of the following:

(1) On-site supervision when the delegation occurs in an institution or other facility that is used primarily for the purpose of providing health care, unless the board establishes a specific exception to the on-site supervision requirement with respect to routine administration of a topical drug, such as the use of a medicated shampoo;

(2) Evaluation of whether delegation is appropriate according to the acuity of the patient involved;

(3) Training and competency requirements that must be met by the person administering the drugs;

(4) Other standards and procedures the board considers relevant.

OAC Ann. 4731-23-02

OHIO ADMINISTRATIVE CODE
4731 State Medical Board
Chapter 4731-23 Delegation of Medical Tasks
OAC Ann. 4731-23-02 (2011)

4731-23-02. Delegation of medical tasks.

(A) A physician shall not delegate the performance of a medical task unless that physician has complied with all of the requirements of this chapter of the Administrative Code and the delegation otherwise conforms to minimal standards of care of similar physicians under the same or similar circumstances.

(B) Prior to a physician's delegation of the performance of a medical task, that physician shall determine each of the following:

(1) That the task is within that physician's authority;

(2) That the task is indicated for the patient;

(3) The appropriate level of supervision;

- (4) That no law prohibits the delegation;
- (5) That the person to whom the task will be delegated is competent to perform that task; and,
- (6) That the task itself is one that should be appropriately delegated when considering the following factors:
 - (a) That the task can be performed without requiring the exercise of judgment based on medical knowledge;
 - (b) That results of the task are reasonably predictable;
 - (c) That the task can safely be performed according to exact, unchanging directions;
 - (d) That the task can be performed without a need for complex observations or critical decisions;
 - (e) That the task can be performed without repeated medical assessments; and,
 - (f) That the task, if performed improperly, would not present life threatening consequences or the danger of immediate and serious harm to the patient.

(C) When a physician delegates the administration of drugs, that physician shall provide on-site supervision, except in the following situations:

- (1) When the physician has transferred responsibility for the on-site supervision of the unlicensed person who is administering the drug to another physician and that physician has knowingly accepted that responsibility on a patient-by-patient basis; or
- (2) In the routine administration of a topical drug, such as a medicated shampoo.
- (3) When delegation occurs pursuant to [section 5126.356 of the Revised Code](#) within the programs and services offered by a county board of mental retardation and developmental disabilities.
- (4) When delegation occurs pursuant to [section 5123.193 of the Revised Code](#).
- (5) When written policies and procedures have been adopted for the distribution of drugs by an unlicensed person to individuals incarcerated in state correctional institutions as defined in division (A) of section 2796.01 of the Revised Code, other correctional facilities including county and municipal jails, workhouses, minimum security jails, halfway houses, community residential centers, regional jails and multi-county jails, or any other detention facility as defined in division (F) of [section 2921.01 of the Revised Code](#).

(D) This chapter of the Administrative Code shall not apply if the rules contained herein:

- (1) Prevent an individual from engaging in an activity performed for a handicapped child as a service needed to meet the educational needs of the child, as identified in the individualized education program developed for the child under Chapter 3323. of the Revised Code;
- (2) Prevent delegation from occurring pursuant to [section 5126.356 of the Revised Code](#) within the programs and services offered by a county board of mental retardation and developmental disabilities;
- (3) Conflict with any provision of the Revised Code that specifically authorizes an individual to perform a particular task;
- (4) Conflict with any rule adopted pursuant to the Revised Code that is in effect on the effective date of this section, as long as the rule remains in effect, specifically authorizing an individual to perform a particular task;
- (5) Prohibit a perfusionist from administering drugs intravenously while practicing as a perfusionist.

OKLAHOMA

TITLE 59. PROFESSIONS AND OCCUPATIONS

CHAPTER 11. MEDICINE

OKLAHOMA ALLOPATHIC MEDICAL AND SURGICAL LICENSURE AND SUPERVISION ACT

59 Okl. St. § 492 (2011)

§ 492. Designation of physicians--Employment by hospitals--Practice of medicine defined--Services rendered by trained assistants--Persons practicing nonallopathic healing

E. Nothing in the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall prohibit:

1. The service rendered by a physician's unlicensed trained assistant, if such service is rendered under the supervision and control of a licensed physician pursuant to Board rules, provided such rules are not in conflict with the provisions of any other healing arts licensure act or rules promulgated pursuant to such act;

OREGON

TITLE 52 OCCUPATIONS AND PROFESSIONS

Chapter 677 - Regulation of Medicine, Podiatry and Acupuncture

PHYSICIAN ASSISTANTS

ORS § 677.505 (2009)

677.505 Application of provisions governing physician assistants to other health professions.

(2) [ORS 677.495](#) and [677.505](#) to [677.525](#) do not require an employee of a person licensed to practice medicine under this chapter, or of a medical clinic or hospital to be licensed under [ORS 677.495](#) and [677.505](#) to [677.525](#), unless the employee is practicing as a physician assistant in which case the individual shall be licensed under [ORS 677.495](#) and [677.505](#) to [677.525](#).

PENNSYLVANIA

PENNSYLVANIA STATUTES

TITLE 63. PROFESSIONS AND OCCUPATIONS (STATE LICENSED)

CHAPTER 12. MEDICAL PRACTICE ACT OF 1985

63 P.S. § 422.17 (2011)

§ 422.17. Delegation of duties to health care practitioner or technician

(a) GENERAL RULE.-- A medical doctor may delegate to a health care practitioner or technician the performance of a medical service if:

(1) The delegation is consistent with the standards of acceptable medical practice embraced by the medical doctor community in this Commonwealth.

(2) The delegation is not prohibited by regulations promulgated by the board.

(3) The delegation is not prohibited by statutes or regulations relating to other licensed health care practitioners.

(b) REGULATIONS.-- The board may promulgate regulations which establish criteria pursuant to which a medical doctor may delegate the performance of medical services, preclude a medical doctor from delegating the performance of certain types of medical services or otherwise limit the ability of a medical doctor to delegate medical services.

(c) RESPONSIBILITY.-- A medical doctor shall be responsible for the medical services delegated to the health care practitioner or technician in accordance with subsections (a) and (b). A medical doctor's responsibility for the medical service delegated to the health care practitioner or technician is not limited by any provisions of this section.

49 Pa. Code § 18.402. Delegation (Administrative Code)

§ 18.402. Delegation.

(a) A medical doctor may delegate to a health care practitioner or technician the performance of a medical service if the following conditions are met:

(1) The delegation is consistent with the standards of acceptable medical practice embraced by the medical doctor community in this Commonwealth. Standards of acceptable medical practice may be discerned from current peer reviewed medical literature and texts, teaching facility practices and instruction, the practice of expert practitioners in the field and the commonly accepted practice of practitioners in the field.

(2) The delegation is not prohibited by the statutes or regulations relating to other health care practitioners.

(3) The medical doctor has knowledge that the delegatee has education, training, experience and continued competency to safely perform the medical service being delegated.

(4) The medical doctor has determined that the delegation to a health care practitioner or technician does not create an undue risk to the particular patient being treated.

(5) The nature of the service and the delegation of the service has been explained to the patient and the patient does not object to the performance by the health care practitioner or technician. Unless otherwise required by law, the explanation may be oral and may be given by the physician or the physician's designee.

(6) The medical doctor assumes the responsibility for the delegated medical service, including the performance of the service, and is available to the delegatee as appropriate to the difficulty of the procedure, the skill of the delegatee and risk level to the particular patient.

(b) A medical doctor may not delegate the performance of a medical service if performance of the medical service or if recognition of the complications or risks associated with the delegated medical service requires knowledge and skill not ordinarily possessed by nonphysicians.

(c) A medical doctor may not delegate a medical service which the medical doctor is not trained, qualified and competent to perform.

(d) A medical doctor is responsible for the medical services delegated to the health care practitioner or technician.

(e) A medical doctor may approve a standing protocol delegating medical acts to another health care practitioner who encounters a medical emergency that requires medical services for stabilization until the medical doctor or emergency medical services personnel are available to attend to the patient.

(f) This section does not prohibit a health care practitioner who is licensed or certified by a Commonwealth agency from practicing within the scope of that license or certificate or as otherwise authorized by law. For example, this section is not intended to restrict the practice of certified registered nurse anesthetists, nurse midwives, certified registered nurse practitioners, physician assistants, or other individuals practicing under the authority of specific statutes or regulations.

RHODE ISLAND

TITLE 5. BUSINESSES AND PROFESSIONS CHAPTER 54. PHYSICIAN ASSISTANTS R.I. Gen. Laws § 5-54-3 (2011)

§ 5-54-3. Exemptions

The provisions of this chapter do not apply to services performed in any of the following areas:

(5) Technicians, or other assistants or employees of physicians who perform delegated tasks in the office of a physician but who are not rendering services as physician assistant or identifying themselves as a physician assistant.

Rhode Island Department of Health Guidelines for Medical Assistants:

<http://www.health.ri.gov/for/medicalassistants/index.php>

R.I. Board of Medical Licensure and Discipline – Guidelines Regarding Scope of Practice, Supervision, and Minimum Expectations of Conduct of Medical Assistants:

<http://www.health.ri.gov/materialbyothers/guidelines/2014MedicalAssistantsBMLD.pdf>

R.I. Board of Nurse Registration and Nursing Education – Guidelines Regarding Scope of Practice, Supervision, and Minimum Expectations of Conduct of Medical Assistants:

<http://www.health.ri.gov/materialbyothers/guidelines/2014MedicalAssistantsBoardOfNursing.pdf>

SOUTH CAROLINA

TITLE 40. PROFESSIONS AND OCCUPATIONS

CHAPTER 47. PHYSICIANS AND MISCELLANEOUS HEALTH CARE PROFESSIONALS

ARTICLE 1. GENERAL PROVISIONS

S.C. Code Ann. § 40-47-30 (2010)

§ 40-47-30. Licensure requirement; excepted activities; physician licensed in another state.

(A) A person may not practice medicine in this State unless the person is twenty-one years of age and has been authorized to do so pursuant to the provisions of this article. Nothing in this article may be construed to:

(5) prohibit a licensed physician from delegating tasks to unlicensed personnel in the physician's employ and on the premises if:

(a) the task is delegated directly to unlicensed personnel by the physician and not through another licensed practitioner;

(b) the task is of a routine nature involving neither the special skill of a licensed person nor significant risk to the patient if improperly done;

(c) the task is performed while the physician is present on the premises and in such close proximity as to be immediately available to the unlicensed person if needed;

(d) the task does not involve the verbal transmission of a physician's order or prescription to a licensed person if the licensed person requires the order or prescription to be in writing; and

(e) the unlicensed person wears an appropriate badge denoting to a patient the person's status. The unlicensed person shall wear a clearly legible identification badge or other adornment at least one inch by three inches in size bearing the person's first name at a minimum and staff position. The identification badge must be worn in a manner so that it is clearly visible to patients at all times;

SOUTH DAKOTA

TITLE 36. PROFESSIONS AND OCCUPATIONS

CHAPTER 36-9B. MEDICAL ASSISTANTS

S.D. Codified Laws § 36-9B-1 (2011)

§ 36-9B-1.

For the purposes of this chapter, a medical assistant is a professional multiskilled person who assists in all aspects of medical practice under the responsibility and direct

supervision of a person licensed to practice medicine in the state of South Dakota. A medical assistant assists with patient care management, executes administrative and clinical procedures, and performs managerial and supervisory functions over unlicensed personnel.

§ 36-9B-2.

A medical assistant under the responsibility and direct supervision of a person licensed to practice medicine in the state of South Dakota may perform the following duties:

(1) Performing clinical procedures to include:

(a) Performing aseptic procedures;

(b) Taking vital signs;

(c) Preparing patients for examination;

(d) Phlebotomous blood withdrawal and nonintravenous injections; and

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

(2) Administering basic first aid;

(3) Assisting with patient examinations or treatment;

(4) Operating office medical equipment;

(5) Collecting routine laboratory specimens;

(6) Administering medications by unit dosage;

(7) Performing basic laboratory procedures; and

(8) Performing office procedures including all general administrative duties.

§ 36-9B-3.

No person may practice as a medical assistant unless that person is registered with the board of medical and osteopathic examiners pursuant to this chapter.

§ 36-9B-4.

A medical assistant seeking registration under this chapter shall complete an application prescribed by the Board of Medical and Osteopathic Examiners. The application shall be submitted to the Board of Medical and Osteopathic Examiners. A registration fee, not to exceed ten dollars, shall accompany the application and shall be paid to the Board of

Medical and Osteopathic Examiners. The fee shall be set by the board by rule promulgated pursuant to chapter 1-26.

The registration shall be renewed biennially by payment of a fee, not to exceed five dollars. The fee shall be set by the board by rule promulgated pursuant to chapter 1-26. A registration not renewed by December thirty-first of the year of expiration lapses.

§ 36-9B-5.

The Board of Medical and Osteopathic Examiners shall register a medical assistant following the submission of an application by an applicant for registration who has graduated from an accredited school or a school which meets standards similar to an accredited school and has met other qualifications established by the Board of Medical and Osteopathic Examiners.

* * * *

ADMINISTRATIVE RULES

South Dakota Department of Health

**ARTICLE 20:84
MEDICAL ASSISTANTS**

**CHAPTER 20:84:01
DEFINITIONS**

§ 20:84:01:01 Definitions.

20:84:01:01. Definitions. Terms defined in SDCL chapter 36-9B have the same meaning when used in this article. In addition, terms used in this article mean:

- (1) "Board," the South Dakota Board of Medical and Osteopathic Examiners;
- (2) "Direct supervision," the physician, physician assistant, certified nurse practitioner, or certified nurse midwife are physically present or available by means of electronic communication.

Source: 43 SDR 57, effective October 20, 2016; SL 2018, ch 229, § 6, effective July 1, 2018.

General Authority: SDCL 36-9B-7.

Law Implemented: SDCL 36-9B-1, 36-9B-4.

**CHAPTER 20:84:02
CONTENTS OF APPLICATION**

- § 20:84:02:01 Contents of application.
- § 20:84:02:02 Medical assistant supervision.

20:84:02:01. Contents of application. An applicant for medical assistant registration shall apply for registration on a form approved by the board.

Source: 43 SDR 57, effective October 20, 2016; SL 2018, ch 229, § 7, effective July 1, 2018.

General Authority: SDCL 36-9B-7.

Law Implemented: SDCL 36-9B-4.

20:84:02:02. Medical assistant supervision. A registered medical assistant shall submit with the application a supervision registration form. The supervision registration form shall be submitted on a form approved by the board.

Source: 43 SDR 57, effective October 20, 2016; SL 2018, ch 229, § 8, effective July 1, 2018.

General Authority: SDCL 36-9B-7.

Law Implemented: SDCL 36-9B-1, 36-9B-2.

CHAPTER 20:84:03 QUALIFICATIONS OF APPLICANTS

- § 20:84:03:01 Qualifications of applicants.

20:84:03:01. Qualifications of applicants. An applicant for registration shall provide:

- (1) Proof of graduation from a medical assistant program approved by the board;
- (2) Proof of good moral character;
- (3) Proof the applicant has graduated from high school or passed a standard equivalency test;
- (4) Documentation showing the applicant is at least 18 years of age; and
- (5) Proof of having passed a national certifying exam approved by the board.

Source: 43 SDR 57, effective October 20, 2016; SL 2018, ch 229, § 9, effective July 1, 2018.

General Authority: SDCL 36-9B-7.

Law Implemented: SDCL 36-9B-4.

CHAPTER 20:84:04 APPROVAL OF EDUCATION PROGRAMS

- § 20:84:04:01 Approved education programs.

20:84:04:01. Approved education programs. An applicant for registration shall have graduated from a medical assistant program that is approved by the board or accredited by the

Commission on Accreditation of Allied Health Education Programs (CAAHEP), or a similar accrediting institution approved by the United States Department of Education. Approved programs must provide classroom, laboratory, and clinical learning experiences that provide for student attainment of entry level competence as a registered medical assistant.

Source: 43 SDR 57, effective October 20, 2016; SL 2018, ch 229, § 10, effective July 1, 2018.

General Authority: SDCL 36-9B-7.

Law Implemented: SDCL 36-9B-5.

CHAPTER 20:84:05 RENEWAL OF REGISTRATION

§ 20:84:05:01 Medical assistant registration renewal.

§ 20:84:05:02 Reinstatement of lapsed registration.

20:84:05:01. Medical assistant registration renewal. A registered medical assistant shall renew the registration biennially on an application form approved by the board. The application shall be accompanied by the registration renewal fee. If a registered medical assistant does not submit a registration renewal form by December 31 of the year of the registration's expiration, the registration is lapsed.

Source: 43 SDR 57, effective October 20, 2016; SL 2018, ch 229, § 11, effective July 1, 2018.

General Authority: SDCL 36-9B-7.

Law Implemented: SDCL 36-9B-4.

20:84:05:02. Reinstatement of lapsed registration. Any person whose registration has lapsed may have it reinstated by making written application on a form approved by the board and paying the biennial renewal fee.

Source: 43 SDR 57, effective October 20, 2016; SL 2018, ch 229, § 12, effective July 1, 2018.

General Authority: SDCL 36-9B-7.

Law Implemented: SDCL 36-9B-4.

National Certification Examination

The following National Certification Organizations are acceptable for South Dakota Medical Assistant Registration as required by [Administrative Rule 20:84:03:01](#):

- Certified Medical Assistant (CMA) through the American Association of Medical Assistants (AAMA) <http://www.aama-ntl.org/>

- Registered Medical Assistant (RMA) through the American Medical Technologist (AMT) <http://www.americanmedtech.org/>
- Certified Clinical Medical Assistant (CCMA) through the Nation Health Career Association (NHCA) <http://www.nhanow.com/certifications/clinical-medical-assistant>
- Nationally Certified Medical Assistant (NCMA) through the National Center Competency Testing (NCCT) <https://www.ncctinc.com/Certifications/MA.aspx>
- Clinical Medical Assistant Certification (CMAC) through the American Medical Certification Association (AMCA) www.AMCAexams.com

Source: South Dakota Board of Medical and Osteopathic Examiners website, <http://www.sdbmoe.gov/content/medical-assistant-ma>.

South Dakota Scope of Practice Determinations Relating to Medical Assistant Practice

A Joint Board of the South Dakota Board of Medical and Osteopathic Examiners and Board of Nursing¹ has further defined the scope of practice of Medical Assistants as follows:

1. Supervision: The Joint Board committee approved the following definition of physician “direct supervision” of the medical assistant:

Direct supervision of a medical assistant means supervision of all activities performed by the MA. Should the physician be unable to provide on-site supervision, such supervision by a properly supervised physician’s assistant, nurse practitioner, or nurse midwife shall satisfy the supervisory requirement. (June 1994.)

2. Administration of Medications: The Joint Board affirmed at their meeting conducted on September 15, 1993, the following in regards to the medical assistant scope of practice:

- a. Does not include injection of insulin;
- b. Does not include arterial withdrawal of blood, but does include venous withdrawal of blood;
- c. Does include administration of medications by unit dose, which means medication prepared in the exact amount, in an individual packet, for a specific patient; and
- d. Does not include patient education.

¹ The SD Board of Nursing’s joint jurisdiction over registration of medical assistants was removed by House Bill 1020, enacted Feb. 5, 2018. Thereafter, the SD Board of Medical and Osteopathic Examiners has sole responsibility for regulation and registration of medical assistants in that State.

3. The Joint Board committee met on April 25, 1994 and provided additional clarification on these scope of practice questions regarding the medical assistant:

- a. The medical assistant may report diagnostic lab findings to patients only after appropriate interpretation by the physician;
- b. The medical assistant may only provide education information to the patient and may not perform health teaching or counseling;
- c. The medical assistant may perform EKG's and glucose testing;
- d. The medical assistant may not administer medications which require calculation of a dose;
- e. *
- f. The medical assistant may only distribute pre-printed information to a patient on medications and inhalers;
- g. **
- h. *
- i. The medical assistant may not perform irrigations for ostomy/stoma care;
- j. The medical assistant may apply ace bandages and splints to extremities; and
- k. The medical assistant may only perform suprapubic catheterizations involving an established fistula.

* *Item e. and Item h. above were reversed September 1995 and the statements were deleted.*

** *Item g. above was reversed April 2009 and the statement was deleted.*

4. Medical Assistant Role. In response to a request for clarification, these areas were identified as appropriate for medical assistants by a Joint Board committee December 1994:

- a. Skin testing performed by intradermal technique.
- b. Skin testing performed by the scratch technique.

5. At the September 20, 1995 Joint Board Meeting, discussion was held regarding medical assistant letters of inquiry. It was determined that:

Medical Assistants are permitted to administer medications from either a single or multi dose vial as long as the supervising physician assures appropriate training, competence, and assumes ultimate responsibility for administration of such drugs; and

6. Telephoning of Prescriptions. At the September 20, 1995 Joint Board Meeting, discussion was held regarding medical assistant letters of inquiry. It was determined that:

Medical Assistants are permitted to telephone prescriptions to a pharmacy pursuant to their supervising physician's written or verbal order.

7. Medication Administration. At the April 8, 2009 Joint Board Meeting, it was determined that:

Certified Medical Assistants are permitted to administer medications by inhalation route as long as the supervising physician assures appropriate training, competence, and assumes ultimate responsibility for administration of such drugs.

TENNESSEE

**Title 63 Professions Of The Healing Arts
Chapter 19 Physician Assistants
Part 1 Physician Assistants Act
Tenn. Code Ann. § 63-19-110 (2011)**

[63-19-110](#). Exemptions.

(b) Nothing in this part applies to registered nurses or licensed practical nurses utilized by a physician under [§ 63-6-204](#) or [§ 63-9-113](#), or to technicians, other assistants or employees of a physician not rendering services as a physician assistant and who perform delegated tasks in the office of a physician or to students enrolled in physician assistant training programs accredited by the committee on Allied Health Education and Accreditation of the American Medical Association.

TEXAS

**OCCUPATIONS CODE
TITLE 3. HEALTH PROFESSIONS
SUBTITLE B. PHYSICIANS
CHAPTER 157. AUTHORITY OF PHYSICIAN TO DELEGATE CERTAIN MEDICAL ACTS
SUBCHAPTER A. GENERAL PROVISIONS
Tex. Occ. Code § 157.001 (2010)**

§ 157.001. General Authority of Physician to Delegate

(a) A physician may delegate to a qualified and properly trained person acting under the physician's supervision any medical act that a reasonable and prudent physician would

find within the scope of sound medical judgment to delegate if, in the opinion of the delegating physician:

(1) the act:

(A) can be properly and safely performed by the person to whom the medical act is delegated;

(B) is performed in its customary manner; and

(C) is not in violation of any other statute; and

(2) the person to whom the delegation is made does not represent to the public that the person is authorized to practice medicine.

(b) The delegating physician remains responsible for the medical acts of the person performing the delegated medical acts.

(c) The board may determine whether:

(1) an act constitutes the practice of medicine, not inconsistent with this chapter; and

(2) a medical act may be properly or safely delegated by physicians.

OCCUPATIONS CODE

TITLE 3. HEALTH PROFESSIONS

SUBTITLE B. PHYSICIANS

CHAPTER 157. AUTHORITY OF PHYSICIAN TO DELEGATE CERTAIN MEDICAL ACTS

SUBCHAPTER A. GENERAL PROVISIONS

Tex. Occ. Code § 157.002 (2010)

§ 157.002. General Delegation of Administration and Provision of Dangerous Drugs

(b) A physician may delegate to any qualified and properly trained person acting under the physician's supervision the act of administering or providing dangerous drugs in the physician's office, as ordered by the physician, that are used or required to meet the immediate needs of the physician's patients. The administration or provision of the dangerous drugs must be performed in compliance with laws relating to the practice of medicine and state and federal laws relating to those dangerous drugs.

(c) A physician may also delegate to any qualified and properly trained person acting under the physician's supervision the act of administering or providing dangerous drugs through a facility licensed by the Texas State Board of Pharmacy, as ordered by the physician, that are used or required to meet the immediate needs of the physician's patients. The administration of those dangerous drugs must be in compliance with laws relating to the

practice of medicine, professional nursing, and pharmacy and state and federal drug laws. The provision of those dangerous drugs must be in compliance with:

- (1) laws relating to the practice of medicine, professional nursing, and pharmacy;
- (2) state and federal drug laws; and
- (3) rules adopted by the Texas State Board of Pharmacy.

(d) In the provision of services and the administration of therapy by public health departments, as officially prescribed by the Texas Department of Health for the prevention or treatment of specific communicable diseases or health conditions for which the Texas Department of Health is responsible for control under state law, a physician may delegate to any qualified and properly trained person acting under the physician's supervision the act of administering or providing dangerous drugs, as ordered by the physician, that are used or required to meet the needs of the patients. The provision of those dangerous drugs must be in compliance with laws relating to the practice of medicine, professional nursing, and pharmacy. An order for the prevention or treatment of a specific communicable disease or health condition for which the Texas Department of Health is responsible for control under state law may not be inconsistent with this chapter and may not be used to perform an act or duty that requires the exercise of independent medical judgment.

(e) The administration or provision of the drugs may be delegated through a physician's order, a standing medical order, a standing delegation order, or another order defined by the board.

(f) Subsections (b) and (c) do not authorize a physician or a person acting under the supervision of a physician to keep a pharmacy, advertised or otherwise, for the retail sale of dangerous drugs, other than as authorized under Section 158.003, without complying with the applicable laws relating to the dangerous drugs.

(g) A drug or medicine provided under Subsection (b) or (c) must be supplied in a suitable container labeled in compliance with applicable drug laws. A qualified and trained person, acting under the supervision of a physician, may specify at the time of the provision of the drug the inclusion on the container of the date of the provision and the patient's name and address.

UTAH

UTAH CODE ANNOTATED

TITLE 58. OCCUPATIONS AND PROFESSIONS

Chapter 67 – Utah Medical Practice Act

58-67-102. Definitions.

In addition to the definitions in Section [58-1-102](#), as used in this chapter:

* * * *

(9) "Medical assistant" means an unlicensed individual working under the indirect supervision of a licensed physician and surgeon and engaged in specific tasks assigned by the licensed physician and surgeon in accordance with the standards and ethics of the profession.

58-67-305. Exemptions from licensure

In addition to the exemptions from licensure in Section [58-1-307](#), the following individuals may engage in the described acts or practices without being licensed under this chapter:

- (6) a medical assistant while working under the indirect supervision of a licensed physician and surgeon, to the extent the medical assistant:
 - (a) is engaged in tasks appropriately delegated by the supervisor in accordance with the standards and ethics of the practice of medicine;
 - (b) does not perform surgical procedures;
 - (c) does not prescribe prescription medications;
 - (d) does not administer anesthesia, anesthesia does not mean a local anesthetic for minor procedural use; and
 - (e) does not engage in other medical practices or procedures as defined by division rule in collaboration with the board;

Utah Admin. Code – Medical Practice Act Rules

R156-67-306. Exemptions from Licensure.

In accordance with Subsection 58-1-307(1), exemptions from licensure as a physician and surgeon include the following: * * * *

- (4) in accordance with Section 58-67-305, a medical assistant, while working under the indirect supervision of a licensed physician and surgeon, may not additionally engage in:
 - (a) diagnosing; or
 - (b) establishing a treatment plan.

Chapter 68 – Osteopathic Practice Act

58-68-102 Definitions.

(12) “Medical assistant” means an unlicensed individual working under the indirect supervision of a licensed osteopathic physician and surgeon and engaged in specific tasks assigned by the licensed osteopathic physician and surgeon in accordance with the standards and ethics of the profession.

58-68-305 Exemptions from licensure.

In addition to the exemptions from licensure in Section 58-1-307, the following individuals may engage in the described acts or practices without being licensed under this chapter:

(6) a medical assistant while working under the indirect supervision of a licensed osteopathic physician, to the extent the medical assistant:

(a) is engaged in tasks appropriately delegated by the supervisor in accordance with the standards and ethics of the practice of medicine;

(b) does not perform surgical procedures;

(c) does not prescribe prescription medications;

(d) does not administer anesthesia, anesthesia does not mean a local anesthetic for minor procedural use; and

(e) does not engage in other medical practices or procedures as defined by division rule in collaboration with the board;

Utah Admin. Code – Osteopathic Practice Act Rules

R156-68-306. Exemptions From Licensure.

In accordance with Subsection 58-1-307(1), exemptions from licensure as an osteopathic physician include the following: * * * *

(4) In accordance with Section 58-68-305, a medical assistant, while working under the indirect supervision of a licensed osteopathic physician and surgeon, may not additionally engage in:

(a) diagnosing; or

(b) establishing a treatment plan.

VIRGINIA

**TITLE 54.1. PROFESSIONS AND OCCUPATIONS
SUBTITLE III. PROFESSIONS AND OCCUPATIONS REGULATED BY BOARDS WITHIN
THE DEPARTMENT OF HEALTH PROFESSIONS
CHAPTER 29. MEDICINE AND OTHER HEALING ARTS
ARTICLE 1. GENERAL PROVISIONS
Va. Code Ann. § 54.1-2901 (2011)**

§ 54.1-2901. Exceptions and exemptions generally

A. The provisions of this chapter shall not prevent or prohibit:

6. Any practitioner licensed or certified by the Board from delegating to personnel supervised by him, such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by practitioners of the healing arts, if such activities or functions are authorized by and performed for such practitioners of the healing arts and responsibility for such activities or functions is assumed by such practitioners of the healing arts;

WASHINGTON

**Rev. Code Wash. (RCW), TITLE 18. BUSINESSES AND PROFESSIONS
Chapter 18.360 Medical Assistants**

RCW 18.360.050 – Authorized duties.

(1) A **medical assistant-certified** may perform the following duties delegated by, and under the supervision of, a health care practitioner:

(a) Fundamental procedures:

- (i) Wrapping items for autoclaving;
- (ii) Procedures for sterilizing equipment and instruments;
- (iii) Disposing of biohazardous materials; and
- (iv) Practicing standard precautions.

(b) Clinical procedures:

(i) Performing aseptic procedures in a setting other than a hospital licensed under chapter [70.41](#) RCW;

(ii) Preparing of and assisting in sterile procedures in a setting other than a hospital under chapter [70.41](#) RCW;

(iii) Taking vital signs;

(iv) Preparing patients for examination;

(v) Capillary blood withdrawal, venipuncture, and intradermal, subcutaneous, and intramuscular injections; and

(vi) Observing and reporting patients' signs or symptoms.

(c) Specimen collection:

(i) Capillary puncture and venipuncture;

(ii) Obtaining specimens for microbiological testing; and

(iii) Instructing patients in proper technique to collect urine and fecal specimens.

(d) Diagnostic testing:

(i) Electrocardiography;

(ii) Respiratory testing; and

(iii)(A) Tests waived under the federal clinical laboratory improvement amendments program on July 1, 2013. The department shall periodically update the tests authorized under this subsection (1)(d) based on changes made by the federal clinical laboratory improvement amendments program; and

(B) Moderate complexity tests if the medical assistant-certified meets standards for personnel qualifications and responsibilities in compliance with federal regulation for nonwaived testing.

(e) Patient care:

(i) Telephone and in-person screening limited to intake and gathering of information without requiring the exercise of judgment based on clinical knowledge;

(ii) Obtaining vital signs;

(iii) Obtaining and recording patient history;

(iv) Preparing and maintaining examination and treatment areas;

(v) Preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office surgeries;

(vi) Maintaining medication and immunization records; and

(vii) Screening and following up on test results as directed by a health care practitioner.

(f)(i) Administering medications. A medical assistant-certified may only administer medications if the drugs 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 section, a combination or multidose vaccine shall be considered a unit dose;

(B) Limited to legend drugs, vaccines, and Schedule III-V controlled substances as authorized by a health care practitioner under the scope of his or her license and consistent with rules adopted by the secretary under (f)(ii) of this subsection; and

(C) Administered pursuant to a written order from a health care practitioner.

(ii) A medical assistant-certified may not administer experimental drugs or chemotherapy agents. The secretary may, by rule, further limit the drugs that may be administered under this subsection (1)(f). The rules adopted under this subsection must limit the drugs based on risk, class, or route.

(g) Intravenous injections. A medical assistant-certified may administer intravenous injections for diagnostic or therapeutic agents under the direct visual supervision of a health care practitioner if the medical assistant-certified meets minimum standards established by the secretary in rule. The minimum standards must be substantially similar to the qualifications for category D and F health care assistants as they exist on July 1, 2013.

(h) Urethral catheterization when appropriately trained.

(2) A **medical assistant-hemodialysis technician** may perform hemodialysis when delegated and supervised by a health care practitioner. A medical assistant-hemodialysis technician may also administer drugs and oxygen to a patient when delegated and supervised by a health care practitioner and pursuant to rules adopted by the secretary.

(3) A **medical assistant-phlebotomist** may perform:

(a) Capillary, venous, or arterial invasive procedures for blood withdrawal when delegated and supervised by a health care practitioner and pursuant to rules adopted by

the secretary;

(b) Tests waived under the federal clinical laboratory improvement amendments program on July 1, 2013. The department shall periodically update the tests authorized under this section based on changes made by the federal clinical laboratory improvement amendments program;

(c) Moderate and high complexity tests if the medical assistant-phlebotomist meets standards for personnel qualifications and responsibilities in compliance with federal regulation for nonwaived testing; and

(d) Electrocardiograms.

(4) A **medical assistant-registered** may perform the following duties delegated by, and under the supervision of, a health care practitioner:

(a) Fundamental procedures:

- (i) Wrapping items for autoclaving;
- (ii) Procedures for sterilizing equipment and instruments;
- (iii) Disposing of biohazardous materials; and
- (iv) Practicing standard precautions.

(b) Clinical procedures:

- (i) Preparing for sterile procedures;
- (ii) Taking vital signs;
- (iii) Preparing patients for examination; and
- (iv) Observing and reporting patients' signs or symptoms.

(c) Specimen collection:

- (i) Obtaining specimens for microbiological testing; and
- (ii) Instructing patients in proper technique to collect urine and fecal specimens.

(d) Patient care:

- (i) Telephone and in-person screening limited to intake and gathering of information without requiring the exercise of judgment based on clinical knowledge;

(ii) Obtaining vital signs;

(iii) Obtaining and recording patient history;

(iv) Preparing and maintaining examination and treatment areas;

(v) Preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office surgeries utilizing no more than local anesthetic. The department may, by rule, prohibit duties authorized under this subsection (4)(d)(v) if performance of those duties by a medical assistant-registered would pose an unreasonable risk to patient safety;

(vi) Maintaining medication and immunization records; and

(vii) Screening and following up on test results as directed by a health care practitioner.

(e)(i) Tests waived under the federal clinical laboratory improvement amendments program on July 1, 2013. The department shall periodically update the tests authorized under subsection (1)(d) of this section based on changes made by the federal clinical laboratory improvement amendments program.

(ii) Moderate complexity tests if the medical assistant-registered meets standards for personnel qualifications and responsibilities in compliance with federal regulation for nonwaived testing.

(f) Administering eye drops, topical ointments, and **vaccines**, including combination or multidose vaccines.

(g) Urethral catheterization when appropriately trained.

[2014 c 138 § 1; 2013 c 128 § 3; 2012 c 153 § 6.]

**REPEALED: TITLE 18. BUSINESSES AND PROFESSIONS
CHAPTER 18.135. HEALTH CARE ASSISTANTS
Rev. Code Wash. (RCW) § 18.135.010, et seq. (2011)**

Repealed by 2012 Ch. 153, § 20 (effective 7/1/2016).

WISCONSIN

REGULATION AND LICENSING

CHAPTER 448. MEDICAL PRACTICES

SUBCHAPTER II MEDICAL EXAMINING BOARD

CROSS-REFERENCE: SEE ALSO MED, WIS. ADM. CODE.

Wis. Stat. § 448.03 (2011)

448.03. License or certificate required to practice; use of titles; civil immunity; practice of Christian Science.

(2) EXCEPTIONS.

Nothing in this subchapter shall be construed either to prohibit, or to require, a license or certificate under this subchapter for any of the following:

(e) Any person other than a physician assistant who is providing patient services as directed, supervised and inspected by a physician who has the power to direct, decide and oversee the implementation of the patient services rendered.

WYOMING

WYOMING MEDICAL PRACTICE ACT

TITLE 33

PROFESSIONS AND OCCUPATIONS

CHAPTER 26

PHYSICIANS AND SURGEONS

ARTICLE 1 - GENERAL PROVISIONS

33-26-202. Board; duties; general powers.

* * * *

(b) The board is empowered and directed to:

* * * *

(vi) Develop standards governing the delegation of a licensee's medical responsibilities to nonphysicians;

33-26-402. Grounds for suspension; revocation; restriction; imposition of conditions; refusal to renew or other disciplinary action.

(a) The board may refuse to renew, and may revoke, suspend or restrict a license or take other disciplinary action, including the imposition of conditions or restrictions upon a license on one (1) or more of the following grounds:

* * * *

(xv) Failure to appropriately supervise nonphysicians to whom the licensee has delegated medical responsibilities;

(xvi) Delegating responsibilities to a person who is not qualified by training, experience or licensure;

(xvii) Delegating medical responsibilities to a person who is unable to safely, skillfully and competently provide medical care to patients or that are beyond the scope of the specialty areas in which the licensee and the person are trained and experienced;

WYOMING BOARD OF MEDICINE – RULES

Chapter 1. LICENSE ELIGIBILITY, APPLICATION AND INTERVIEWS

Section 3. Definitions

(u) “Delegating physician” means a Wyoming-licensed physician who delegates duties to provide health care services to a medical assistant.

* * * *

(nn) “Medical assistant” means a person who does not hold a license to provide health care services issued under title 33 of the Wyoming Statutes, and is authorized and supervised by a Wyoming-licensed physician to provide health care services under limited delegation by the physician.