



**AMT**  
American Medical Technologists  
Certifying Excellence in Allied Health

# **COMPENDIUM OF STATE LAWS and RULES**

## **AUTHORIZING and REGULATING MEDICAL ASSISTING PRACTICE**

**(Updated November 2023)**

**This compilation of state laws and regulations addressing the practice of medical assisting is provided as an information resource by American Medical Technologists (AMT). AMT makes no representation that the laws and rules excerpted in this compendium are fully accurate, complete, or up-to-date. State legislatures and medical boards frequently change the laws and regulations governing the practice of medicine, including the delegation of tasks to medical assistants, and the reader is advised to check the status of any law or rule cited herein to be sure you have the latest version.**

## 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**

**Title 12. Professional and Vocational Regulations**

**Part 1. Boards and Commissions Subject to Centralized Licensing**  
**Chapter 40. State Medical Board**

**12 AAC 40.920. STANDARDS FOR DELEGATION OF ROUTINE DUTIES.**

(a) A physician, podiatrist, osteopath, or physician assistant licensed under AS 08.64 may delegate the performance of routine medical duties to an agent of the physician, podiatrist, osteopath, or physician assistant, if the following conditions are met:

(1) the duty to be delegated must be within the scope of practice of the delegating physician, podiatrist, osteopath, or physician assistant;

(2) a licensed physician, podiatrist, osteopath, or physician assistant must assess the patient's medical condition and needs to determine if a duty for that patient may be safely delegated;

(3) the patient's medical condition must be stable and predictable;

(4) the person to whom the duty is to be delegated has received the training needed to safely perform the delegated duty, and this training has been documented;

(5) the delegating physician, podiatrist, osteopath, or physician assistant determines that the person to whom a duty is to be delegated is competent to perform the delegated duty correctly and safely and accepts the delegation of the duty and the accountability for carrying out the duty correctly;

(6) performance of the delegated duty would not require the person to whom it is delegated to exercise professional medical judgment or have knowledge of complex medical skills;

(7) the delegating physician, podiatrist, osteopath, or physician assistant provides to the person, with a copy maintained on record, written instructions that include

(A) a clear description of the procedure to follow to perform each task in the delegated duty;

(B) the predicted outcomes of the delegated task;

(C) procedures for observing, reporting, and responding to side effects, complications, or unexpected outcomes in the patient; and

(D) the procedure to document the performance of the duty in the patient's record.

(b) A physician, podiatrist, osteopath, or physician assistant who has delegated a routine duty to another person shall provide appropriate direction and supervision of the person, including the evaluation of patient outcomes. Another physician, podiatrist, osteopath, or physician assistant may assume delegating responsibilities from the delegating physician, podiatrist, osteopath, or physician assistant if the substitute physician, podiatrist, osteopath, or physician assistant has assessed the patient, the skills of the person to whom the delegation was made, and the plan of care. Either the original or substitute delegating physician, podiatrist, osteopath, or physician assistant shall remain readily available for consultation by the person to whom the duty is delegated, either in person or by telecommunication.

(c) The delegation of a routine duty to another person under this section is specific to that person and for that patient, and does not authorize any other person to perform the delegated duty.

(d) The physician, podiatrist, osteopath, or physician assistant who delegated the routine duty to another person remains responsible for the quality of the medical care provided to the patient.

(e) Routine medical duties that may be delegated to another person under the standards set out in this section means duties that

- (1) occur frequently in the daily care of a patient or group of patients;
- (2) do not require the person to whom the duty is delegated to exercise professional medical knowledge or judgment;
- (3) do not require the exercise of complex medical skills;
- (4) have a standard procedure and predictable results; and
- (5) present minimal potential risk to the patient.

(f) Duties that require the exercise of professional medical knowledge or judgment or complex medical skills may not be delegated. Duties that may not be delegated include

- (1) the assessment of the patient's medical condition, and referral and follow-up;
- (2) formulation of the plan of medical care and evaluation of the patient's response to the care provided;
- (3) counseling of the patient and the patient's family or significant others regarding the patient's health;
- (4) transmitting verbal prescription orders, without written documentation, from the patient's health care provider;
- (5) duties related to pain management and opioid use and addiction;
- (6) the initiation, administration, and monitoring of intravenous therapy, including blood or blood products;
- (7) the initiation, administration, and monitoring of procedural sedation;
- (8) assessing sterile wound or decubitus ulcer care;
- (9) managing and monitoring home dialysis therapy;
- (10) oral tracheal suction;
- (11) medication management for unstable medical conditions requiring ongoing assessment and adjustment of dosage or timing of administration;
- (12) placement and administration of nasogastric tubes and fluids;
- (13) initial assessment and management of newly-placed gastrostomy tubes and the patient's nutrition; and
- (14) the administration of injectable medications, unless
  - (A) it is a single intramuscular, intradermal, or subcutaneous injection, not otherwise prohibited under 12 AAC 40.967(33); and
  - (B) all other provisions of this section are met; and
  - (C) the delegating physician, podiatrist, osteopath, or physician assistant is immediately available on site.

(g) The provisions of this section apply only to the delegation of routine medical duties by a physician, podiatrist, osteopath, or physician assistant licensed under AS 08.64; they do not apply when duties have not been delegated, including when a person is acting

- (1) within the scope of the person's own license;
- (2) under other legal authority; or
- (3) under the supervision of another health care provider licensed under AS 08, who has authority to delegate routine duties.

## **Chapter 44. Board of Nursing**

### **Article 9. General Provisions ([Refs & Annos](#))**

#### **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).

## **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**

**ARTICLE 1. GENERAL PROVISIONS**

**R4-16-101. Definitions**

Unless the context otherwise requires, definitions prescribed under A.R.S. § 32-1401 and the following apply to this Chapter:

\* \* \* \*

3. "Approved medical assistant training program" means a program accredited by one of the following:

- a. The Commission on Accreditation of Allied Health Education Programs; or
- b. The Accrediting Bureau of Health Education Schools.

**R4-16-401. Medical Assistant Training Requirements**

A. After the effective date of this Section, a supervising physician or physician assistant shall ensure that before a medical assistant is employed, the medical assistant completes either:

- 1. An approved training program identified in R4-16-101; or
- 2. An unapproved training program and successfully passes the medical assistant examination administered by a certifying organization accredited by either the National Commission for Certifying Agencies or the American National Standards Institute.

**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.

**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 Appendix B, Core Curriculum for Medical Assistants, 2015 edition of Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting, published by the Commission on Accreditation of Allied Health Education Programs. This material is incorporated by reference, does not include later amendments or editions, and may be obtained from the publisher at 25400 U.S. Highway 19 N, Suite 158, Clearwater, FL 33763, [www.caahep.org](http://www.caahep.org), or the Board.

**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 galvaton 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.

**Arizona Administrative Code**

**TITLE 4. Professions and Occupations**

**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](http://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 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.

## **ARIZONA ADMINISTRATIVE CODE**

### **TITLE 4. Professions and Occupations**

#### **Chapter 19. Board of Nursing**

##### **R4-19-509. Delegation to Medical Assistants**

A. Under A.R.S. §§ 32-1456 and 32-1601(20), an RNP may delegate patient care to a medical assistant in an office or outpatient setting. The RNP shall verify that a medical assistant to whom the RNP delegates meets at least one of the following qualifications:

1. Completed an approved medical assistant training program as defined in A.A.C. R4-16-101(3);

2. If a graduate of an unapproved medical assistant training program, passed the medical assistant examination administered by either the American Association of Medical Assistants or the American Medical Technologists;

3. Completed an unapproved medical assistant training program and was employed as a medical assistant on a continuous basis since completion of the program before February 2, 2000;

4. Was directly supervised by the same registered nurse practitioner for at least 2000 hours before February 2, 2000; or

5. Completed a medical services training program of the Armed Forces of the United States.

B. An RNP may delegate the following acts to a medical assistant who is under the direct supervision of the RNP and demonstrates competency in the performance of the act:

1. Obtain vital signs;

2. Perform venipuncture and draw blood;

3. Perform capillary puncture;

4. Perform pulmonary function testing;

5. Perform electrocardiography;

6. Perform patient screening using established protocols;

7. Perform dosage calculations as applicable to written orders;

8. Apply pharmacology principles to prepare and administer oral, inhalant, topical, otic, optic, rectal, vaginal and parenteral medications (excluding intravenous medications);

9. Maintain medication and immunization records;
10. Assist provider with patient care;
11. Perform Clinical Laboratory Improvement Amendments (CLIA) waived hematology, chemistry, urinalysis, microbiological and immunology testing;
12. Screen test results;
13. Obtain specimens for microbiological testing;
14. Obtain patient history;
15. Instruct patients according to their needs to promote health maintenance and disease prevention;
16. Prepare a patient for procedures or treatments;
17. Document patient care and education;
18. Perform first aid procedures;
19. Perform whirlpool treatments;
20. Perform diathermy treatments;
21. Perform electronic galvanation stimulation treatments;
22. Perform ultrasound therapy;
23. Perform massage therapy (subject to regulation by massage therapy board);
24. Apply traction treatments;
25. Apply Transcutaneous Nerve Stimulation unit treatments;
26. Apply hot and cold pack treatments; and
27. Administer small volume nebulizer treatments.

## **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.

**ARKANSAS BOARD OF PODIATRIC MEDICINE  
RULES AND REGULATIONS  
(effective 1/24/2019)**

**ARTICLE VII  
PODIATRIC PHYSICIAN DELEGATION  
REGULATION**

1. Act 472 of the 87th General Assembly of the State of Arkansas, as of the year 2009, authorized Podiatric 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 Podiatric Physician when delegating to employees.

**2. Definitions for Purposes of this Article VII:**

(A) "Podiatrist" means an individual licensed by the Arkansas Board of Podiatric Medicine as a Podiatric Physician.

(B) "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.

(C) "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.

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

(E) "Medical Assistant" means an employee of a Podiatric 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.

**3. General Provisions**

(A) The delegating Podiatric 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 Podiatric 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 Podiatric Physician's supervision.

#### **4. Procedures for Delegating a Medical Practice**

Prior to delegating a medical practice or task, the Podiatric Physician shall determine the following:

(A) That the medical practice or task is within that Podiatric Physician's authority to perform;

(B) That the medical practice or task is indicated for the patient;

(C) The appropriate level of supervision for the Podiatric Physician to exercise while the medical practice or task is being performed;

(D) 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

(E) 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.

#### **5. Additional Requirements for Delegating the Administration of Drugs**

(A) A Podiatric 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 Podiatric Physician's offices.

(C) The Podiatric Physician shall evaluate the acuity of the patient and make a determination that delegation is appropriate.

(D) The Podiatric 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.

#### **6. Prohibitions**



(A) A Podiatric Physician shall not transfer his or her responsibility for supervising an unlicensed person in the performance of a delegated medical practice, except to another Podiatric Physician who has knowingly accepted that responsibility;

(B) A Podiatric 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 Podiatric Physician shall not delegate to an unlicensed person the administration of anesthesia;

(D) A Podiatric Physician shall not delegate a medical practice that is not within the authority of that physician or is beyond the Podiatric Physician's training, expertise, or normal course of practice; and

(E) A Podiatric Physician shall not delegate a medical practice to an unlicensed person if the practice is beyond that person's competence.

## **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: \*\*\*\*

(I) 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)(I), 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.

The text of Rule 800 is available here:

<http://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=7154&fileName=3%20CCR%20713-30>.

## DELAWARE

### Delaware Administrative Code

#### 1700 Board of Medical Licensure and Discipline

##### 11.0 Delegation of Responsibilities to Non-physicians

\* \* \* \*

11.1.1 Any physician who delegated medical responsibility to a non-physician is responsible for that individual's medical activities and must provide adequate supervision. No function may be delegated to a non-physician who by statute or professional regulation is prohibited from performing that function. Supervision may be direct or indirect depending upon the type of medical responsibility delegated. The delegating physician cannot be involved in patient care in name only.

\* \* \* \*

11.1.3 Direct supervision requires the delegating physician to be physically on the premises and to perform an evaluation or give a consultation. Direct supervision is required if a medical diagnosis is rendered or a treatment plan involving prescription medications is to be instituted.

11.1.4 Indirect supervision requires the physician to be either physically present on the premises or readily available by an electronic device. Readily available necessitates the ability to become physically present within thirty minutes of notification if the situation warrants such action. Indirect supervision is required whenever a non-physician evaluates a patient, initiates a non-prescription medication or therapeutic, or renews a previously prescribed medication or therapeutic. Direct supervision (as defined above) required whenever a controlled substance is renewed. A non-physician may follow a physician-initiated standing order under the indirect supervision of the physician, providing the standing order does not call for the initiation of a prescription drug or therapeutic.

## **DEPARTMENT OF STATE – DIVISION OF PROFESSIONAL REGULATION**

### **Delaware Board of Nursing**

**Final Rule adopted 9/13, 2022** (Delaware Register of Regulations 10/01/2022 pp. 327-329)

#### **24 DE Admin. Code 1900**

8.7.15 Prescribing medications and treatments independently pursuant to 24 Del.C. §1935.

8.7.15.1 APRNs are authorized to assign and supervise medication administration to a medical assistant if the medical assistant has successfully completed a medical assistant training program and possesses current national medical assistant certification.

8.7.15.1.1 If a practice is solely operated by APRNs, the APRN must be present in the building when the medical assistant is administering medications and assumes liability for the actions of the medical assistant.

8.7.15.2 When a physician delegates to a medical assistant, and an organizational policy exists to allow the APRN to assign and supervise the medical assistant, the physician retains responsibility and accountability for the actions of the medical assistant and will be notified of unsafe or improper practices.



## 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.

**Declaratory Statement – Florida Board of Medicine (3/11/09):**

\*\*\*\* Given the range of basic duties medical assistants are allowed to perform under Section 458.3485(2), the Board believes that medical assistants may lawfully perform IV infusion therapy as long as it is performed under the direct supervision and responsibility of a Florida licensed physician that is always present in the office whenever a medical assistant is providing the therapy to a patient. \*\*\*\*

[*Final Order on Petition for Declaratory Statement*, Fla. Board of Medicine, 3/11/2009, <http://www.floridahealth.gov/licensing-and-regulation/declaratory/documents/medical/doh-09-0320.pdf>].

**Fla. Stat. § 458.347 (Medical Practice) – Physician assistants.—**

\*\*\*\*

(j) A physician assistant may supervise medical assistants as defined in this chapter.

**Fla. Stat. § 459.022 (Osteopathic Practice) – Physician assistants.—**

(i) A physician assistant may supervise medical assistants as defined in chapter 458.

## 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 **supervised\*** employed by the physician to whom he or she delegates certain medical tasks.

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\* Proposed rule revision would substitute "supervised" in place of "employed" in Sec. (a)(1). Proposed rule published 6-2-22.

(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 registered 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

### Iowa Code – Chapter 152 (Nursing)

#### § 152.1 – Definitions

As used in this chapter:

6. The “practice of nursing” means the practice of a registered nurse, a licensed practical nurse, or an advanced registered nurse practitioner. It does not mean any of the following:

\* \* \*

c. The performance of services by unlicensed workers employed in offices, hospitals, or health care facilities, as defined in section 135C.1, under the supervision of a physician or a nurse licensed under this chapter, or employed in the office of a psychologist, podiatric physician, optometrist, chiropractor, speech pathologist, audiologist, or physical therapist licensed to practice in this state, and when acting while within the scope of the employer’s license.

## 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 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 and licensed physician assistants acting pursuant to this chapter and chapter 36. [Rev. by Pub. Law 627, 3/18/2020.]

#### Section 3270-E. Licensure of physician assistants

\* \* \* \*

**4. Delegation by physician assistant.** A physician assistant may delegate to the physician assistant's employees or support staff or members of a health care team, including medical assistants, certain activities relating to medical care and treatment carried out by custom and usage when the activities are under the control of the physician assistant. The physician assistant who delegates an activity permitted under this subsection is legally liable for the activity performed by an employee, a medical assistant, support staff or a member of a health care team. [Rev. by Pub. Law 627, 3/18/2020.]

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

#### §2594-A. Assistants; delegating authority

This chapter may not 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 and licensed physician assistants acting pursuant to this chapter or chapter 48. [Rev. by Pub. Law 627, 3/18/2020.]

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. Licensure of physician assistants**

\* \* \* \*

**4. Delegation by physician assistant.** A physician assistant may delegate to the physician assistant's employees or support staff or members of a health care team, including medical assistants, certain activities relating to medical care and treatment carried out by custom and usage when the activities are under the control of the physician assistant. The physician assistant who delegates an activity permitted under this subsection is legally liable for the activity performed by an employee, a medical assistant, support staff or a member of a health care team. [Rev. by Pub. Law 627, 3/18/2020.]

**Joint regulations of the Board of Licensure in Medicine and Board of Osteopathic Licensure 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 6. UNIFORM SCOPE OF PRACTICE FOR PHYSICIAN ASSISTANTS**

#### **4. Delegation by Physician Assistants**

A physician assistant may delegate to the physician assistant's employees or support staff or members of a health care team, including medical assistants, certain activities relating to medical care and treatment carried out by custom and usage when the activities are under the control of the physician assistant. The physician assistant who delegates an activity is legally liable for the activity performed by the employee, medical assistant, support staff or a member of a health care team. [*Amended rule adopted 12/23/2020*]

## 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.

**Maryland Code of Regulations (COMAR)**  
**Subtitle 32 – Maryland Board of Physicians**  
**Chapter 10.32.12**

**Delegation of Acts by a Licensed Physician to an Assistant Not Otherwise Authorized under the Health Occupations Article or the Education Article (Excerpts)**

**.03 Standards for the Delegating Physician.**

A. A physician who delegates shall:

- (1) Evaluate the risk to the patient and the outcome of the delegated acts;
- (2) Delegate only those technical acts that are customary to the practice of the supervising physician;
- (3) Delegate only those technical acts for which the assistant has been trained;
- (4) Be responsible for the acts of the assistant; and
- (5) Supervise the assistant.

B. The responsibility for the delegated act cannot be transferred from the delegating physician to another physician without:

- (1) The expressed consent of the other physician; and

(2) Informing the assistant.

#### **.04 Scope of Delegation.**

A. A physician may not delegate to an assistant technical acts which are exclusively limited to any individual required to be licensed, certified, registered, or otherwise recognized pursuant to any provision of the Health Occupations Article and the Education Article, Annotated Code of Maryland.

B. A physician may delegate technical acts consistent with national standards in the medical community and the approved policies and procedures of the sites for the delivery of health services in the following categories:

(1) Surgical technical acts that the delegating physician directly orders while present, scrubbed, and personally performing the surgery in the same surgical field; and

(2) Nonsurgical technical acts while the assistant is under the physician's direct supervision or on-site supervision if the assistant performs the act in accordance with procedures of the site.

C. At sites included in Health-General Article, §§19-114 and 19-3B-01(b), Annotated Code of Maryland, or any unit of those sites, a physician may delegate technical acts in compliance with State regulations and the policies, procedures, and supervisory structures of those sites.

D. At sites not included in Health-General Article, §§19-114 and 19-3B-01(b), Annotated Code of Maryland, when providing the following specified levels of supervision, a physician may delegate to an assistant technical acts which include but are not limited to:

(1) Without on-site supervision:

(a) Patient preparation for physician examination;

(b) Patient history interview;

(c) Collecting and processing specimens, such as performing phlebotomy and inoculating culture media;

(d) Preparation of specimens for selected tests including:

(i) Pregnancy tests,

(ii) Dipstick and microscopic urinalysis, and

(iii) Microbiology (rapid streptococcal testing and throat cultures);

(e) Laboratory tests that the physician is satisfied the assistant is qualified to perform under State and CLIA regulations;

(f) Clinical tests such as:

(i) Application of tuberculin skin tests,

(ii) Electrocardiography,

(iii) Administering basic pulmonary function tests; and

(iv) Visual field tests;

(g) Transmitting prescriptions to a pharmacy;

(h) Providing sample packets of medication, selected by a physician who is physically present at the time of selection, to patients as directed by the delegating physician and in conformance with Health Occupations Article, §12-102(a), (d), and (f), Annotated Code of Maryland;

(i) Preparing and administering oral drugs; and

(j) Microdermabrasion;

(2) With on-site supervision:

(a) Preparing and administering injections limited to intradermal, subcutaneous, and intramuscular (deltoid, gluteal, vastus lateralis) to include small amounts of local anesthetics;

(b) Establishing a peripheral intravenous line; and

(c) Injecting fluorescein-like dyes for retinal angiography; and

(3) With direct supervision, injecting intravenous drugs or contrast materials.

E. A physician who possesses a dispensing permit may delegate the dispensing functions in accordance with the requirements of COMAR 10.32.23.

F. A physician may not delegate to an assistant acts which include but are not limited to:

(1) Conducting physical examinations;

(2) Administering any form of anesthetic agent or agent of conscious sedation other than topical anesthetics or small amounts of local anesthetics;

(3) Initiating independently any form of treatment, exclusive of cardiopulmonary resuscitation;

(4) Giving medical advice without the consult of a physician; and

(5) Providing physical therapy.

## **.05 Prohibited Conduct.**

A. An assistant acting beyond the scope of this chapter may be:

(1) Considered to be engaged in the unlicensed practice of medicine; and

(2) Subject to all applicable penalties and fines in accordance with Health Occupations Article, §§14-602 and 14-607, Annotated Code of Maryland, and COMAR 10.32.02.

B. A delegating physician, through either act or omission, facilitation, or otherwise enabling or forcing an assistant to practice beyond the scope of this chapter, may be subject to discipline for grounds within Health Occupations Article, §14-404(a), Annotated Code of Maryland, including, but not limited to, practicing medicine with an unauthorized person or aiding an unauthorized person in the practice of medicine.

C. A delegating physician may not require an assistant to perform a delegated act.

**ANNOTATED CODE OF MARYLAND  
ARTICLE - HEALTH OCCUPATIONS  
Section 8-6A-02 – Nurses – Delegation of Tasks (excerpts)**

\* \* \* \*

(c) Nothing in this section shall preclude a registered nurse or licensed practical nurse from delegating a nursing or other technical task to an unlicensed individual provided that acceptance of delegated nursing or other technical tasks does not become a routine part of the unlicensed individual's job duties.

(d) (1) Subject to regulations adopted by the board under paragraph (2) of this subsection, this section does not preclude an advanced practice registered nurse from delegating a nursing or other technical task to an assistant if:

(i) the assistant performs only tasks that the assistant is trained to perform; and

(ii) the delegating advanced practice registered nurse provides:

1. instruction to the assistant on the delegated task; and
2. on-site supervision of the assistant performing the delegated task.

(2) The board shall adopt regulations to carry out this subsection, including regulations that:

- (i) provide for the manner in which an advanced practice registered nurse delegates a nursing or other technical task to an assistant;
- (ii) establish limitations on the authority of an advanced practice registered nurse to delegate nursing or other technical tasks to an assistant; and
- (iii) otherwise clarify the scope of this subsection.

**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.

**MASSACHUSETTS GENERAL LAWS (M.G.L.) ch. 112, Section 265  
ADMINISTRATION OF IMMUNIZATION BY CERTIFIED MEDICAL ASSISTANT**

**Section 265.** (a) As used in this section, the following words shall have the following meanings unless the context clearly requires otherwise:--

"Certified medical assistant", an individual who: (i) has graduated from a post-secondary medical assisting education program accredited by the committee on allied health education and accreditation of the American Medical Association or its successor, the Accrediting Bureau of Health Education Schools or its successor or another certificate program that the commissioner of public health may approve; (ii) is employed in the medical practice of a licensed primary care provider; and (iii) performs basic administrative, clerical, and clinical duties upon the specific authorization and under the direct supervision of a licensed primary care provider.

"Direct supervision", oversight of a certified medical assistant exercised by a primary care provider who is present in the facility and immediately available to furnish assistance and direction throughout the course of the performance of a delegated procedure; provided, however, that the primary care provider shall not be required to be present in the room when the procedure is performed.

"Primary care provider", a health care professional qualified to provide general medical care for common health care problems who: (i) supervises, coordinates, prescribes or otherwise provides or proposes health care services; (ii) initiates referrals for specialist care; and (iii) maintains continuity of care within the health care professional's scope of practice.

(b) Notwithstanding any general or special law to the contrary, a primary care provider acting within the primary care provider's designated scope of practice may delegate the administration of an immunization of a patient to a certified medical assistant.

(c) The department of public health shall promulgate regulations governing the administration of immunizations by certified medical assistants. Nothing in this section shall be construed as authorizing the licensure of certified medical assistants.

**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.

## MINNESOTA

### MINNESOTA STATUTES

#### Chapter 147 – Board of Medical Practice

##### 147.091 GROUNDS FOR DISCIPLINARY ACTION.

**Subdivision 1. Grounds listed.** The board may refuse to grant a license, may refuse to grant registration to perform interstate telemedicine services, or may impose disciplinary action as described in section 147.141 against any physician. The following conduct is prohibited and is grounds for disciplinary action: . . .

(i) Aiding or abetting an unlicensed person in the practice of medicine, except that it is not a violation of this paragraph for a physician to employ, supervise, or delegate functions to a qualified person who may or may not be required to obtain a license or registration to provide health services if that person is practicing within the scope of that person's license or registration or delegated authority.

#### Chapter 147A – Physician Assistants, Licensing

##### 147A.08 EXEMPTIONS

... (b) Nothing in this chapter shall be construed to require licensure of:

... (3) technicians, other assistants, or employees of physicians who perform delegated tasks in the office of a physician but who do not identify themselves as a physician assistant.

## MONTANA

### TITLE 37 PROFESSIONS AND OCCUPATIONS

#### CHAPTER 3 MEDICINE

##### PART 1 GENERAL

##### Mont. Code Anno., §§ 37-3-102 & 37-3-104 (2017)

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, physician assistant, 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, physician assistant, or podiatrist, including the administration of medications; and

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

(2) The physician, physician assistant, 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, physician assistant, 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**

**NOTE: New Rule adopted 10/9/2018:**

**24.156.640 MEDICAL ASSISTANT – DELEGATION AND SUPERVISION**

(1) A health care provider authorized by 37-3-104, MCA, may delegate administrative and clinical tasks which are within the delegating health care provider's scope of practice to medical assistants who:

(a) work in the delegating health care provider's office under the general supervision of the delegating health care provider; and

(b) are known by the delegating health care provider to possess the education, training, knowledge, and skill to perform the delegated tasks in keeping with the standard of medical care owed by the delegating health care provider to the patient.

(2) A health care provider's knowledge of a medical assistant's education, training, knowledge, and skill to perform delegated tasks may be evidenced by:

- (a) documentation of the medical assistant's graduation from an accredited medical assistant program;
- (b) completion of education and training courses which are substantially equivalent to curriculum taught by accredited medical assistant programs;
- (c) the delegating health care provider's personal knowledge of instruction, training, and experience provided directly to the medical assistant by the delegating health care provider; or
- (d) other objective evidence known to the health care provider.

(3) A health care provider delegating administrative and/or clinical tasks to a medical assistant shall:

- (a) require that the medical assistant record in the patient's medical records:
  - (i) the identity of the medical assistant to whom the health care provider has delegated tasks included in the patient's care; and (ii) the clinical tasks delegated to the medical assistant;
- (b) ensure through oversight and supervision that the medical assistant's performance of the delegated tasks meets the standard of medical care owed by the delegating health care provider to the patient;
- (c) personally provide onsite direct supervision as defined by ARM 24.156.501 to a medical assistant to whom the health care provider has delegated:
  - (i) injections other than immunizations;
  - (ii) invasive procedures;
  - (iii) conscious sedation monitoring;
  - (iv) allergy testing;
  - (v) intravenous administration of blood products; or (vi) intravenous administration of medication; and
- (d) require medical assistants to wear a name badge which includes the title: "Medical Assistant".

(4) Health care providers shall not delegate to medical assistants:

- (a) medical tasks which are outside the delegating health care provider's scope of practice;

(b) medical tasks which the delegating health care provider is not authorized to perform;

(c) surgery as defined in ARM 24.156.501;

(d) medical tasks which the medical assistant is not qualified by education, training, knowledge, and skill to perform in keeping with the standard of medical care owed by the delegating health care provider to the patient; or

(e) who previously held a health care provider license of any kind in any jurisdiction which was restricted, suspended, revoked, or voluntarily relinquished in lieu of discipline for unprofessional conduct in a health care profession.

AUTH: 37-3-104, 37-3-203, MCA

IMP: 37-3-102, 37-3-104, MCA

## NEBRASKA

### NEBRASKA REVISED STATUTES, CHAPTER 38 MEDICINE AND SURGERY PRACTICE ACT

#### § 38-2025. Medicine and surgery; practice; persons excepted.

The following classes of persons shall not be construed to be engaged in the unauthorized practice of medicine:

\* \* \* \*

(21) Persons who are not licensed, certified, or registered under the Uniform Credentialing Act, to whom are assigned tasks by a physician or osteopathic physician licensed under the Medicine and Surgery Practice Act, if such assignment of tasks is in a manner consistent with accepted medical standards and appropriate to the skill and training, on the job or otherwise, of the persons to whom the tasks are assigned. For purposes of this subdivision, assignment of tasks means the routine care, activities, and procedures that (a) are part of the routine functions of such persons who are not so licensed, certified, or registered, (b) reoccur frequently in the care of a patient or group of patients, (c) do not require such persons who are not so licensed, certified, or registered to exercise independent clinical judgment, (d) do not require the performance of any complex task, (e) have results which are predictable and have minimal potential risk, and (f) utilize a standard and unchanging procedure;

### 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**

### **NEVADA REVISED STATUTES**

#### **CHAPTER 454 - POISONS; DANGEROUS DRUGS AND HYPODERMICS**

##### **NRS 454.213 Authority to possess and administer dangerous drug.**

1. Except as otherwise provided in [NRS 454.217](#), a drug or medicine referred to in [NRS 454.181](#) to [454.371](#), inclusive, may be possessed and administered by: \* \* \* \*

(v) A medical assistant, in accordance with applicable regulations of the:

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

(2) 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.

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. The employer of a medical assistant shall document in the employment record of the medical assistant that he or she has been appropriately trained and is competent to perform any task or procedure assigned to him or her.

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 (rev. 2018)**

#### **§ 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, 330 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), the American Medical Certification Association (AMCA), the National Association for Health Professionals (NAHP), the National Certification Medical Association (NCMA), 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, or to perform venipuncture, 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, has attained a satisfactory level of comprehension and experience in the administration of intramuscular and subcutaneous injection techniques and has completed training that demonstrates to the physician proficiency in the procedures to be performed, which shall include at least:

- i. Ten hours of training in administering injections; and
- ii. Satisfactory performance of least 10 intramuscular injections, 10 subcutaneous injections, and 10 intradermal injections.

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.

**(e)** A physician may direct a certified medical assistant to perform venipuncture 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, has attained a satisfactory level of comprehension and experience in the performance of venipuncture, and has completed training that demonstrates to the physician proficiency in the procedures to be performed, which shall include at least:

i. Ten hours of training in venipuncture and skin puncture for the purpose of withdrawing blood; and

ii. Satisfactory performance of at least 10 venipunctures.

2. The certified medical assistant shall wear a clearly visible identification badge indicating his or her name and credentials.

## **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)**

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 CENTURY CODE 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.

### **NORTH DAKOTA ADMINISTRATIVE CODE CHAPTER 54-01-03 North Dakota Board of Nursing**

#### **Section 54-01-03-01 – Definitions (Excerpts)**

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

44. "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.

45. "Medication assistant III" 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.

81. "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.

## **NORTH DAKOTA ADMINISTRATIVE CODE**

### **CHAPTER 54-07-05**

#### **MEDICATION ADMINISTRATION BY A MEDICATION ASSISTANT III**

##### **§ 54-07-05-04 - Requirements for supervision**

A licensed nurse who delegates medication administration to a medication assistant III must provide supervision as follows:

1. In a licensed nursing facility or acute care setting, the licensed nurse must be on the unit and available for immediate direction.
2. In an ambulatory health care setting where the licensed nurse delegates the intervention of giving medications to another individual, the licensed nurse must be available for direction.
3. In any other setting where the licensed nurse delegates the intervention of giving medications to another individual, the licensed nurse must follow facility policy for providing the supervision in order to provide the recipient of the medication appropriate safeguards.

##### **§ 54-07-05-05 - Eligibility for Medication Assistant III registration**

An application for registration as a medication assistant III and a forty dollar fee must be submitted by the applicant to the board office. The applicant for medication assistant III registration must have registration on the unlicensed assistive person registry. Upon receipt of the required materials, a medication assistant III registration will be issued to correspond with the applicant's registration as an unlicensed assistive person. Unlicensed assistive persons may obtain initial medication assistant III registration by:

1. Submitting evidence of successful completion of a course which includes medication administration from an approved nursing education program, which must have included a clinical nursing component. The course must have included basic clinical skills, basic pharmacology, principles of medication administration, and mathematics competency; or
2. Submitting evidence of:
  - a. Successful completion of a board-recognized medical assistant program; and
  - b. Submit verification of current certification from one of the following examinations:

- (1) Certified medical assistant examination through the American association of medical assistants;
- (2) Registered medical assistant certification examination through the American medical technologists;
- (3) Clinical medical assistant certification examination through the national health career association;
- (4) National certified medical assistant examination through the national center for competency testing; or
- (5) The successor organization.

**§ 54-07-05-09 - Routes or types of medication administration**

- 1. Administration of the initial dose of a medication that has not been previously administered to the client must be administered according to organization policy.
- 2. Conversion or calculation of a medication dosage must be verified with a licensed nurse.
- 3. Medication assistants III may administer medications by the following routes to individuals or groups of individuals with stable, predictable conditions according to organization policy:
  - a. Oral, sublingual, and buccal medications;
  - b. Eye medications;
  - c. Ear medications;
  - d. Nasal medications;
  - e. Rectal medications and enemas;
  - f. Vaginal medications;
  - g. Skin ointments, topical medications, including patches and transdermal medications;
  - h. Metered hand-held inhalants;
  - i. Unit dose nebulizers;
  - j. Intramuscular injections;
  - k. Subcutaneous injections;
  - l. Intradermal injections;
  - m. Gastrostomy;
  - n. Jejunostomy;
  - o. Nasogastric tube;
  - p. Nonmetered inhaler; and
  - q. Non-unit dose aerosol or nebulizer.
- 4. Medication assistants III may not administer medications by the following routes:
  - a. Central lines;
  - b. Colostomy;
  - c. Intravenous;
  - d. Intravenous lock; or
  - e. Urethral catheter.
- 5. Medication assistants III may not administer the following kinds of medications:
  - a. Barium and other diagnostic contrast media;

- b. Chemotherapeutic agents except oral maintenance chemotherapy; or
- c. Through any medication pumps, nor assume responsibility for medication pumps, including client-controlled analgesia.

**See also:** ND Admin Code secs. 54-05-02-07 (RN) & 54-05-01-09 (LPN). Standards related to [RN or LPN] nurse responsibility to organize, manage, and supervise the practice of nursing.

## 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.

## **OHIO ADMINISTRATIVE CODE**

### **4731-State Medical Board**

#### **4731-18-04 Delegation of phototherapy and photodynamic therapy.**

\* \* \* \*

(B) A physician may delegate the application of a light based medical device that is a phototherapy device that is cleared or approved by the United States food and drug administration for treatment of psoriasis and similar skin diseases only if all the following conditions are met:

(1) The use of the light based medical device for this treatment is within the physician's normal course of practice and expertise.

(2) The person to whom the delegation is made is one of the following:

(a) A physician assistant licensed under Chapter 4730. of the Revised Code with whom the physician has an effective supervision agreement;

(b) A registered nurse or licensed practical nurse licensed under Chapter 4723. of the Revised Code; or

(c) A certified medical assistant who has successfully completed and documented the completion of basic training on psoriasis and similar skin diseases and clinical training in the administration of the phototherapy device for the specific skin disease being treated; and

(3) For physician assistants, the authorization shall meet the requirements of Section 4730.21 of the Revised Code;

(4) For registered nurses, licensed practical nurses, and certified medical assistants, the physician has seen and evaluated the patient to determine whether the proposed application of phototherapy is appropriate

(5) For registered nurses, licensed practical nurses, and certified medical assistants, the physician provides on-site supervision at all times that the person to whom the delegation is made is applying the phototherapy.

## 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; or

## 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)

NOTICE: This section is repealed in part, pursuant to § 6 of 2001, Dec. 10, P.L. 863, No. 93., effective in 60 days.

§ 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>

**Rhode Island Code of Regulations (RICR)**

**Title 216** – Department of Health

**Chapter 20** – Community Health

**Subchapter 20** – Drugs

**Part 4** – Pain Management, Opioid Use and the Registration of Distributors of Controlled Substances in Rhode Island (216-RICR-20-20-4)

K. Transmission of Controlled Substance Prescriptions.

1. Effective January 2, 2020, a practitioner must review, sign, transmit, and file (confirmation of successful transmittal) prescriptions electronically for controlled substances in Schedules II, III, IV, and V.

\* \* \* \*

7. A practitioner shall not authorize or allow an unlicensed staff member (e.g., medical assistant) to telephone or otherwise transmit a prescription for a controlled substance to a pharmacy.

## **SOUTH CAROLINA**

### **TITLE 40. PROFESSIONS AND OCCUPATIONS**

#### **CHAPTER 47. PHYSICIANS AND MISCELLANEOUS HEALTH CARE PROFESSIONALS**

##### **ARTICLE 1. GENERAL PROVISIONS**

**S.C. Code Ann. § 40-47-196 (2022)**

**[NOTE: The following section was enacted by S. 613, signed by the Governor on 5/16/22, effective 7/15/22 . It replaces the former § 40-47-30(A)(5), which was repealed.]**

**§ 40-47-196.**

(A) Specific tasks may be delegated to a CMA by a physician, physician assistant if authorized to do so in his scope of practice guidelines, or advanced practice registered nurse if authorized to do so in his practice agreement. The scope of practice guidelines for a physician assistant and the practice agreement for an advanced practice registered nurse must address what tasks may be appropriately delegated to a CMA, provided, however, that the following tasks must not be delegated to a CMA by a physician assistant or advanced practice registered nurse:

- (1) administering controlled medications, intravenous medications, contrast agents, or chemotherapy agents;
- (2) injecting neurotoxin products, neuro modulatory agents, or tissue fillers;
- (3) using lasers or instruments that results in tissue destruction;
- (4) placing sutures;
- (5) taking radiographs or using any ionizing radiation unless the CMA is also a certified limited practice radiographer;
- (6) analyzing, interpreting, or diagnosing symptoms or tests;
- (7) triaging patients; and
- (8) performing a clinical decision-making task by means of telemedicine.

(B) A physician, physician assistant, or advanced practice registered nurse may delegate specified tasks to a CMA pursuant to the following requirements:

- (1) the task must be delegated directly to the CMA by the physician, physician assistant, or advanced practice registered nurse, and not through another licensed practitioner;
- (2) the task must be performed when the physician, physician assistant, or advanced practice registered nurse delegating the task is in such close proximity as to be immediately available to the CMA if needed;
- (3) the physician, physician assistant, or advanced practice registered nurse delegating the task must determine that the task is within the training and competency of the CMA and will not pose a significant risk to the patient if improperly performed;
- (4) the task must not involve the verbal transmission of an order or prescription to a licensed person if the licensed person requires the order or prescription to be in writing; and
- (5) the CMA must wear an appropriate badge identifying the CMA's status, which must be clearly visible to the patient at all times.



(C)(1) A physician or physician assistant, pursuant to the physician assistant's scope of practice guidelines, may delegate nursing tasks to UAP under the supervision of the physician or physician assistant. Such nursing tasks include, but are not limited to, the following:

- (a) meeting patients' needs for personal hygiene;
- (b) meeting patients' needs relating to nutrition;
- (c) meeting patients' needs relating to ambulation;
- (d) meeting patients' needs relating to elimination;
- (e) taking vital signs;
- (f) maintaining asepsis; and

(g) observing, recording, or reporting any of the nursing tasks enumerated in this subsection.

(2) APRNs may delegate nursing tasks to UAP pursuant to Section 40-33-42.

**§ 40-47-20 – Definitions** (added by S. 613, effective 7/15/22):

(57) 'Certified medical assistant' or 'CMA' means a person who is a graduate of a post-secondary medical assisting education program accredited by the National Healthcare Association, or its successor; by the Committee on Allied Health Education and Accreditation of the American Medical Association, or its successor; by the Accrediting Bureau of Health Education Schools, or its successor; or by any accrediting agency recognized by the United States Department of Education. The accredited post-secondary medical assisting education program must include courses in anatomy and physiology, medical terminology, pharmacology, medical laboratory techniques, and clinical experience. A certified medical assistant must maintain current certification from the certifying board of the American Association of Medical Assistants, the National Center for Competency Testing, the National Certification Medical Association, American Medical Technologists, or any other recognized certifying body approved by the Board of Medical Examiners.[\*]

(58) 'Unlicensed assistive personnel' or 'UAP' means persons not currently licensed by the Board of Nursing as nurses, or persons who are not certified medical assistants as defined in Section 40-47-20(57), who perform routine nursing tasks that do not require a specialized knowledge base or the judgment or skill of a licensed nurse. Nursing tasks performed by unlicensed assistive personnel must be performed under the supervision of a physician, physician assistant, APRN, registered nurse, or licensed practical nurse. Unlicensed assistive personnel must not administer medications except as otherwise provided by law.

[\*] CMAs include medical assistants who are currently employed in that capacity as of the effective date of this act [7/15/22] who do not have the certification required by

this SECTION but who achieve such certification no later than two years after the effective date of this act.

## **SOUTH CAROLINA CODE - TITLE 40 - PROFESSIONS AND OCCUPATIONS**

### **CHAPTER 33 - Nurses**

#### **ARTICLE 1 - Nurse Practice Act**

#### **§ 40-33-42. Delegation of tasks to unlicensed assistive personnel.**

(A) An advanced practice registered nurse, registered nurse, or licensed practical nurse is responsible for the delegation and supervision of nursing tasks to unlicensed assistive personnel. Tasks that may be assigned to unlicensed assistive personnel must be stated in the employers' policies, and the employer shall verify the training of this personnel and their competencies to perform the tasks.

(B) Tasks which may be delegated and performed under supervision may include, but are not limited to:

- (1) meeting patients' needs for personal hygiene;
- (2) meeting patients' needs relating to nutrition;
- (3) meeting patients' needs relating to ambulation;
- (4) meeting patients' needs relating to elimination;
- (5) taking vital signs;
- (6) maintaining asepsis;
- (7) observing, recording, and reporting any of the tasks enumerated in the subsection.

(C) Subject to the rights of licensed physicians and dentists under state law, and except as provided in Section 40-47-196 regarding the delegation of tasks to certified medical assistants, the administration of medications is the responsibility of a licensed nurse as prescribed by the licensed physician, dentist, other authorized licensed provider or as authorized in an approved written protocol or guidelines. Unlicensed assistive personnel must not administer medications, except as otherwise provided by law.

#### **§ 40-33-20 - Nurse Practice Act, Definitions**

(67) 'Certified medical assistant' or 'CMA' means a person who is a graduate of a post-secondary medical assisting education program accredited by the National Healthcareer Association, or its successor; by the Commission on Accreditation of Allied Health Education Programs, or its successor; by the Accrediting Bureau of Health Education Schools, or its successor; or by any accrediting agency recognized by the United States Department of Education. The accredited post-secondary medical assisting education program must include courses in anatomy and physiology, medical terminology, pharmacology, medical laboratory techniques, and clinical experience. A certified medical assistant must maintain current certification from the certifying board of the American Association of Medical Assistants, the National Center for Competency Testing, the National

Certification Medical Association, American Medical Technologists, or any other recognized certifying body approved by the Board of Medical Examiners.[\*]

- [\*] CMAs include medical assistants who are currently employed in that capacity as of the effective date of this act who do not have the certification required by this SECTION but who achieve such certification no later than two years after the effective date of this act.

(63) 'Unlicensed assistive personnel' or 'UAP' are persons not currently licensed by the board as nurses, or persons who are not certified medical assistants as defined in Section 40-33-20(67), who perform routine nursing tasks that do not require a specialized knowledge base or the judgment and skill of a licensed nurse. Nursing tasks performed by a UAP must be performed under the supervision of a physician, physician assistant, advanced practice registered nurse, registered nurse, or selected licensed practical nurse. Unlicensed assistive personnel must not administer medications except as otherwise provided by law.

### **[Joint Advisory Statement of The South Carolina State Boards of Medical Examiners and Nursing Regarding the Use of Certified Medical Assistants and Unlicensed Assistive Personnel](https://www.llr.sc.gov/med/pdf/Unlicensed-Assistive-Personnel-and-Medical-Assistants.pdf)**

<https://www.llr.sc.gov/med/pdf/Unlicensed-Assistive-Personnel-and-Medical-Assistants.pdf>

## **SOUTH DAKOTA**

**NOTE:** South Dakota Codified Laws Chapter 36-9B – Medical Assistants was **REPEALED** effective 7/1/2021 by House Bill 1004, enacted 2/8/2021 (enrolled as Session Law, Chapter No. 174).

**The administrative rules of the South Dakota Board of Medical and Osteopathic Examiners that had implemented the registration program for medical assistants in that State (ARSD 20:85) have also been repealed.**

As a result of the repeal of South Dakota's law requiring registration of medical assistants, general principles of ordinary custom and usage now govern the qualifications of medical assistants and the delegation of clinical tasks to medical assistants in that State. Physicians have broad discretion to determine the necessary qualifications for medical assistants working under their supervision, as well as the types of tasks that may be delegated to those assistants.

### **South Dakota Scope of Practice Determinations Relating to Medical Assistant Practice**

Prior to the repeal of the medical assistant law and regulations, a Joint Board of the South Dakota Board of Medical and Osteopathic Examiners and Board of Nursing<sup>1</sup> had issued the following guidance with regard to the scope of practice of medical assistants in that State:

**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.

**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;

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<sup>1</sup> 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.

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.

## **Administrative Rules – State of South Dakota Department of Health – Board of Nursing**

**(Amended rule adopted effective 11/27/2022):**

**20:48:04.01:10. Delegation of additional medication administration tasks to a medical assistant.** In addition to the tasks listed in § 20:48:04.01:09.01 [specifying tasks that may be delegated to a nursing assistant], a licensed nurse may delegate the following medication administration tasks to a medical assistant, who holds current certification with a national certification body approved by the board, in a stable nursing situation as defined in § 20:48:01:01:

- (1) Administration of scheduled medications by intradermal, subcutaneous, or intramuscular route; and
- (2) Calculation of the dose of a prescribed amount of medication.

## 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.

### **Excerpts from Tennessee Board of Medical Examiners**

***POLICY STATEMENT: DELEGATION OF MEDICAL SERVICES (adopted 3/20/2018)***

<https://www.tn.gov/content/dam/tn/health/healthprofboards/Delegation%20of%20Medical%20Services.pdf>:

#### **Prohibitions**

3. The delegating physician may not delegate to an employee any acts which are exclusively limited to an individual who must be licensed, certified, registered or otherwise credentialed unless the individual is so qualified.

4. Delegated tasks may only be performed while the physician is either on-site or immediately available (i.e., telephone, video conferencing) for communication and consultation, as appropriate.

### **What Tasks May be Delegated**

5. The delegating physician may delegate only those tasks which are customary to the practice of the delegating physician and within the delegating physician's expertise and training.

6. The physician may delegate only those acts for which the employee has been educated and/or trained and is currently competent. The delegating physician must, upon request, provide written documentation of the delegatee's qualifications to the Board. Such documentation may include, but not be limited to:

- a) Copies of diplomas, certificates or professional degrees from bona fide training program(s) appropriate to the specific services delegated;
- b) Documentation of direct observation of the repeated and successful performance of the delegated services; and/or
- c) Appropriate credentialing by a bona-fide agency or institution, as applicable. In the absence of a written record of the tasks delegated to an employee, there will be a presumption that the task performed by the employee was delegated to him or her by the physician.

7. The delegating physician may delegate tasks to an employee only when consistent with the standard of care. Accordingly, all delegated tasks must be of the type that a reasonably prudent physician would find within the scope of sound medical judgment to delegate, i.e., routine, technical services, the performance of which do not require the special skills of a licensed physician. Those services which are routine and technical in nature shall include but not be limited to: taking vital signs, taking histories, assisting in minor procedures, answering patient calls, etc.

### **Medical Assistants employed in Ambulatory Outpatient Hospital Clinics**

*The following new statutory provisions were enacted by the Tennessee General Assembly and signed by Governor Bill Lee as Public Chapter No. 396 (HB 559) on May 14, 2021:*

**Tennessee Code Annotated, Title 68, Chapter 11, Part 2  
§ 68-11-244 – Certified medical assistants :**

(a) As used in this section:

(1) "Ambulatory outpatient hospital clinic" means a clinic or physician office that is owned and operated by a hospital licensed under this title and that provides treatment to patients who are not admitted as inpatients to the hospital;

(2) "Certified medical assistant" means personnel with training to function in an assistive role to a licensed physician or licensed nurse in the provision of patient care activities in a facility used as an ambulatory outpatient hospital clinic as delegated by the physician or licensed nurse; and

(3) "Licensed nurse" means an individual engaged in the practice of professional nursing as defined in § 63-7-103 or an advanced practice registered nurse as defined in § 63-7-126.

(b) Physician assistants licensed under title 63, chapter 19 and medication aides certified under § 63-7-127 are not subject to the certification requirements or practice restrictions of this section.

(c) A hospital licensed under this title, may employ certified medical assistants to administer approved medications to the hospital's patients in an ambulatory outpatient hospital clinic as set forth in this section.

(d) When carrying out responsibilities under this section, a certified medical assistant shall wear a name tag visible to others that displays the designation "certified medical assistant".

(e) An individual employed as a certified medical assistant within an ambulatory outpatient hospital clinic must:

(1) Be at least eighteen (18) years of age;

(2) Have completed the twelfth grade or its equivalent, or have successfully passed the test for and received a general equivalency diploma; and

(3) Be certified by the following:

(A) American Medical Technologists (AMT);

(B) American Association of Medical Assistants (AAMA);

(C) National Center for Competency Testing (NCCT);

(D) National Healthcareer Association (NHA); or

(E) National Association for Health Professionals (NAHP).

(f) An ambulatory outpatient hospital clinic shall verify compliance with subsection (e) and shall keep records regarding compliance available for the board for licensing healthcare facilities.

(g) An ambulatory outpatient hospital clinic is responsible for training and verifying competence of certified medical assistants used under this section.

(h) Certified medical assistants shall not administer medications to hospital inpatients or patients in an emergency department.



(i)

(1)

(A) A certified medical assistant may administer approved, standardized dosage vaccines to the patients of an ambulatory outpatient hospital clinic that use certified medical assistants pursuant to this section. A certified medical assistant shall administer other medications only pursuant to delegation by a licensed nurse or physician.

(B)

(i) A delegation of medication administration or other nursing tasks to a certified medical assistant from a licensed nurse shall be carried out in accordance with the rules for nursing delegation adopted by the board of nursing.

(ii) The board of nursing may promulgate rules related to the administration of vaccines and other tasks that may be delegated by a licensed nurse to certified medical assistants under this chapter.

(C)

(i) A delegation of medication administration or other tasks to a certified medical assistant from a physician must be carried out in accordance with the rules adopted by the board of medical examiners.

(ii) The board of medical examiners may promulgate rules related to the administration of vaccines and other tasks that may be delegated by a physician to certified medical assistants registered by the department under this chapter.

(D) A certified medical assistant may only administer vaccines after:

(i) An individual is assessed by a physician or licensed nurse; and

(ii) The physician or licensed nurse makes a determination that it is appropriate for the individual to receive the immunization administered by a certified medical assistant.

(2) In exercising the authority to administer medications pursuant to a physician's or licensed nurse's delegation, a certified medical assistant may administer only those medications that have been ordered by an authorized healthcare provider and are in single-dose, appropriately labelled, ready-to-administer packaging, including the following categories:

(A) Intramuscular or subcutaneous medications;

(B) Oral, sublingual, and buccal medication;

(C) Topical creams and ointments;

(D) Saline solutions for simple wound irrigation;

(E) Eye drops;

(F) Inhalation treatments, either metered hand-held inhalants or unit dose nebulizers;

(G) Ear medications; or

(H) Nasal medications.

(3) A certified medical assistant may engage in other patient care activities as delegated by a physician or licensed nurse, including, but not limited to, vital sign measurement, phlebotomy, simple dressing changes, collection of patient's medical history data, or preparation of patient care areas. A licensed nurse shall not delegate patient care activities that require nursing judgment in altering care delivery based on the needs of the individual. A physician shall not delegate patient care activities that constitutes the practice of medicine or requires diagnostic analysis.

(j) A physician or licensed nurse shall not delegate to a certified medical assistant the administration of:

- (1) Intravenous medications;
- (2) Blood or blood products;
- (3) Investigational drugs;
- (4) Chemotherapy drugs;
- (5) Drugs given through an implanted device;
- (6) Insulin;
- (7) Controlled substances;
- (8) Anesthetic agents;
- (9) Medications used for cosmetic procedures;
- (10) A medication requiring calculation of dosage;
- (11) Contrast media;
- (12) Allergy antigen agents; or
- (13) A medication requiring patient monitoring and assessment of response when a licensed nurse or physician is not immediately available to provide monitoring or assessment.

(k) This section does not apply to personnel employed by a physician performing duties in settings other than in an ambulatory outpatient hospital clinic.

## **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.

**See also** Texas Admin. Code (TAC) [§ 130.56](#) regarding **Podiatrist** delegation of tasks to Podiatric Medical Assistants.

# UTAH

## UTAH CODE ANNOTATED

### TITLE 58. OCCUPATIONS AND PROFESSIONS

**[NOTE: The following sections were amended by HB 316, signed into law by the Governor on 3/23/22]:**

#### **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 who may perform tasks as described in Subsection 58-67-305(6).

##### **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:

(a) administering a vaccine under the general supervision of a physician; or

(b) under the indirect supervision of a physician, engaging in tasks appropriately delegated by the physician in accordance with the standards and ethics of the practice of medicine, except for:

(i) performing surgical procedures;

(ii) prescribing prescription medications;

(iii) administering anesthesia other than for a local anesthetic for minor procedural use; or

(iv) engaging in other medical practices or procedures as defined by division rule in collaboration with the board.

**Utah Admin. Code – Medical Practice Act Rules  
R156-67-305. Exemptions from Licensure.**

Exemptions from licensure as a physician and surgeon under [Utah Code Annot.] Subsection 58-1-307(1) and Section 58-67-305 are subject to the following:

\* \* \* \*

(4) under Subsection 58-67- 305(6)(b)(iv), a medical assistant working under the indirect supervision of a physician may not engage in the following medical practices or procedures:

(a) diagnosing; or

(b) establishing a treatment plan. ; or

(c) injecting the following:

(i) neurotoxins, soft tissue fillers, or other facial esthetic substances; or

(ii) cosmetic products with bioactive ingredients with claimed medical benefits.

**Utah Admin. Code – General Rule of the Division of Occupational and Professional Licensing**

**R156-1-102a. Global Definitions of Levels of Supervision**

(4) Levels of supervision are defined as follows:

(a) "Direct supervision" and "immediate supervision" mean the supervising licensee is present and available for face-to-face communication with the person being supervised when and where occupational or professional services are being provided.

(b) "Indirect supervision" means the supervising licensee:

(i) has given either written or verbal instructions to the person being supervised;

(ii) is present within the facility in which the person being supervised is providing services; and

(iii) is available to provide immediate face-to-face communication with the person being supervised as necessary.

(c) "General supervision" means that the supervising licensee:

(i) has authorized the work to be performed by the person being supervised;

(ii) is available for consultation with the person being supervised by personal face-to-face contact, or direct voice contact by telephone, radio or some other means, without regard to whether the supervising licensee is located on the same premises as the person being supervised; and

(iii) can provide any necessary consultation within a reasonable period of time and personal contact is routine.

## **Chapter 68 – Osteopathic Practice Act**

### **58-68-102 Definitions.**

(12) “Medical assistant” means an unlicensed individual who may perform tasks as described in Subsection 58-68-305(6).

### **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:

- (a) administering a vaccine under the general supervision of a physician; or
- (b) under the indirect supervision of a physician, engaging in tasks appropriately delegated by the physician in accordance with the standards and ethics of the practice of medicine, except for:
  - (i) performing surgical procedures;
  - (ii) prescribing prescription medications;
  - (iii) administering anesthesia other than a local anesthetic for minor procedural use;or
- (iv) engaging in other medical practices or procedures as defined by division rule in collaboration with the board.

**NOTE:** See Utah Admin. Code **R156-1-102a. Global Definitions of Levels of Supervision**, quoted above, which applies to both allopathic and osteopathic practitioners.

### **Utah Admin. Code – Osteopathic Practice Act Rules**

#### **R156-68-305. Exemptions From Licensure.**

(as amended by final rule published 2/1/2023)

Exemptions from licensure as an osteopathic physician under [Utah Code Annot.] Subsection 58-1-307(1) and Section 58-68-305 are subject to the following:

- (4) under Subsection 58-68-305(6)(b)(iv), a medical assistant under the indirect supervision of an osteopathic physician may not engage in the following medical practices or procedures:
  - (a) diagnosing;

- (b) establishing a treatment plan; or
- (c) injecting the following:
  - (i) neurotoxins, soft tissue fillers, or other facial esthetic substances; or
  - (ii) cosmetic products with bioactive ingredients with claimed medical benefits.

**Nursing Delegation:**

See Board of Nursing Rule [R156-31b-701a. Delegation of Nursing Tasks in a Non-school Setting](#).

Also: The Utah Division of Occupational and Professional Licensing (DOPL) and the Utah Board of Nursing (BON) have issued a joint policy statement on clinical tasks that an unlicensed person may perform without delegation by a licensed health care provider: [List of healthcare service tasks that an unlicensed individual may perform without delegation by a health care provider](#)

**VERMONT**

*In July 2020 the Vermont Legislature added the following provision to the state's Medical Practice Act:*

**VERMONT STATUTES**  
**Title 26: Professions and Occupations**  
**Chapter 23: Medicine**

**Section 1444. LIABILITY FOR ACTIONS OF AGENT**

(a) A physician may delegate to a medical technician or other assistant or employee certain activities related to medical care and treatment that the individual is qualified to perform by training, education, experience, or a combination of these when the activities are under the control of the physician. The physician delegating the activities to the individual shall be legally liable for the individual's performance of those activities, and in this relationship, the individual shall be the physician's agent.

(b)(1) Nothing in this section shall be construed to apply to a nurse acting pursuant to chapter 28 of this title.

(2) Nothing in this section shall be construed to apply to a physician assistant acting pursuant to chapter 31 of this title. Liability for the actions or inactions of a physician assistant shall be governed by the provisions of section 1739 of this title.

*In addition, the following provision appears in the Vermont Physician Assistant Practice Act as amended in July 2020:*



## 26 V.S.A. Chapter 31 – Physician Assistants

### Section 1734c. EXEMPTIONS

(a) Nothing in this chapter shall be construed to require licensure under this chapter of any of the following: \* \* \* \*

(3) Technicians or other assistants or employees of a physician who perform physician-delegated tasks but who are not rendering services as physician assistants or identifying themselves as physician assistants.

## 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 establish intravenous lines for diagnostic or therapeutic purposes, without administering medications, under the supervision of a health care practitioner, and 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, including those with minimal sedation. 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) Diagnostic testing and electrocardiography.

(f)(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.

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

(h) Urethral catheterization when appropriately trained.

(i) Administering medications:

(i) A medical assistant-registered 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 through 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 (i)(ii) of this subsection; and

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

(ii) A medical assistant-registered may only administer medication for intramuscular injections. A medical assistant-registered may not administer experimental drugs or chemotherapy agents. The secretary may, by rule, further limit the drugs that may be administered under this subsection (4)(i). The rules adopted under this subsection must limit the drugs based on risk, class, or route.

(j) Intramuscular injections. A medical assistant-registered may administer intramuscular injections for diagnostic or therapeutic agents under the immediate supervision of a health care practitioner if the medical assistant-registered meets minimum standards established by the secretary in rule.

[Underscored text indicates amendments added by H.B. 1073, enacted effective 4/20/2023.]

## **WASHINGTON ADMINISTRATIVE CODE (WAC)**

### **Chapter 246-827 - Medical Assistants**

#### **246-827-0200**

#### **Medical assistant-certified—Training and examination.**

An applicant for a medical assistant-certified credential must meet the following requirements:

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

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

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

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

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

(e) The secretary may approve an applicant who submits documentation that they completed a career and technical education program approved by the office of the superintendent of public instruction with a minimum of 720 clock hours of training in medical assisting skills. The documentation must include proof of training in all of the duties identified in RCW [18.360.050\(1\)](#) and a clinical externship of no less than 160 hours.

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

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

(b) Covers the clinical and administrative duties under RCW [18.360.050\(1\)](#).

## **246-827-0230**

### **Medical assistant-certified—Activities allowed or prohibited.**

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

**246-827-0240**

**Medical assistant-certified—Administering medications and injections.**

A medical assistant-certified shall be deemed competent by the delegating health care practitioner prior to administering any drug authorized in this section. Drugs must be administered under a valid order from the delegating health care practitioner and shall be within the delegating health care practitioner's scope of practice. The order must be in written form or contained in the patient's electronic health care record.

(1) Drug administration shall not be delegated when:

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

(b) Complex observations or critical decisions are required;

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

(d) A patient is unable to indicate awareness that he or she is taking a medication.

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

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

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

(b) Medications through a central intravenous line.

(4) Except as provided in subsection (1) of this section, a medical assistant-certified may administer controlled substances in schedules III, IV, and V or other legend drugs when authorized by the delegating health care practitioner. Drugs shall be administered only by unit or single dosage or by a dosage calculated and verified by a health care practitioner. A medical assistant-certified shall only administer drugs by the level of supervision based on the route as described in subsection (5) of this section.

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

<b>Drug Category</b>	<b>Routes Permitted*</b>	<b>Level of Supervision Required</b>
Controlled substances, schedule III, IV, and V	Oral, topical, rectal, otic, ophthalmic, or inhaled routes	Immediate supervision



	Subcutaneous, intradermal, intramuscular, or peripheral intravenous injections	Direct visual supervision
Other legend drugs	All other routes	Immediate supervision
	Peripheral intravenous injections	Direct visual supervision

\* A medical assistant-certified is prohibited from administering medications through a central intravenous line.

(6) A medical assistant-certified may not start an intravenous line. A medical assistant-certified may interrupt an intravenous line, administer an injection, and restart at the same rate.

### **246-827-0310**

#### **Medical assistant-registered—Endorsement.**

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

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

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

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

### **246-827-0330**

#### **Medical assistant-registered—Collection of specimens.**

In order to collect a blood specimen, a medical assistant-registered may perform a finger or heel stick.

### **246-827-0400**

#### **Medical assistant-phlebotomist—Certification and training.**

An applicant applying for a medical assistant-phlebotomist credential must meet the following requirements:

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

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

- (a) American Certification Agency certification for phlebotomist;
- (b) American Medical Certification Association certification for phlebotomist;
- (c) American Medical Technologists certification for phlebotomist;

- (d) American Society of Clinical Pathology certification for phlebotomist;
- (e) National Center for Competency Testing certification for phlebotomist;
- (f) National Healthcareer Association certification for phlebotomist; or

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

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

- (i) Responsibilities to be delegated which include ethical implications and patient confidentiality;
- (ii) Patient identification process;
- (iii) Procedure requesting process, including forms used, accessing process, and collection patterns;
- (iv) Materials to be used;
- (v) Anatomic considerations for performing such functions as venipuncture, capillary finger collection, and heel sticks;
- (vi) Procedural standards and techniques for blood collection;
- (vii) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, and interferences;
- (viii) Physical layout of the work place, including patient care areas; and
- (ix) Safety requirements including infection prevention and control, dealing with a client who has an infectious disease, and the handling and disposal of biohazardous materials.

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

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

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

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

## **246-827-0420**

### **Medical assistant-phlebotomist—Supervision—Requirements for performing arterial invasive procedures and line draws.**

- (1) The delegating health care practitioner does not need to be present when a medical assistant-phlebotomist is performing capillary or venous procedures to withdraw blood, but must be immediately available for consultation by phone or in person within a reasonable period of time.
- (2) A medical assistant-phlebotomist may only perform arterial invasive procedures or line draws after the following education and training is completed and documented. A medical assistant-phlebotomist's training and education must be documented on a checklist, signed by the delegating health care practitioner and the medical assistant-phlebotomist, and placed in the medical assistant-phlebotomist's personnel file. The medical assistant-phlebotomist shall complete:
  - (a) Education to include anatomy, physiology, concepts of asepsis, and microbiology;
  - (b) Training to perform arterial invasive procedures for blood withdrawal and line draws, including theory, potential risks, and complications;
  - (c) Anatomic considerations for performing such functions as arterial puncture, line draws, and use of local anesthetic agents;
  - (d) Observation of the arterial invasive procedure and line draws; and
  - (e) Successful demonstration of the arterial invasive procedure and line draws under direct visual supervision of a health care practitioner.
- (3) Upon successful completion of the training described in subsection (2) of this section, a medical assistant-phlebotomist may only perform:
  - (a) Arterial invasive procedures for blood withdrawal while under the immediate supervision of a supervising health care practitioner; and
  - (b) Line draws if the intravenous fluid is stopped and restarted by a health care practitioner under the immediate supervision of a supervising health care practitioner.

## **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.