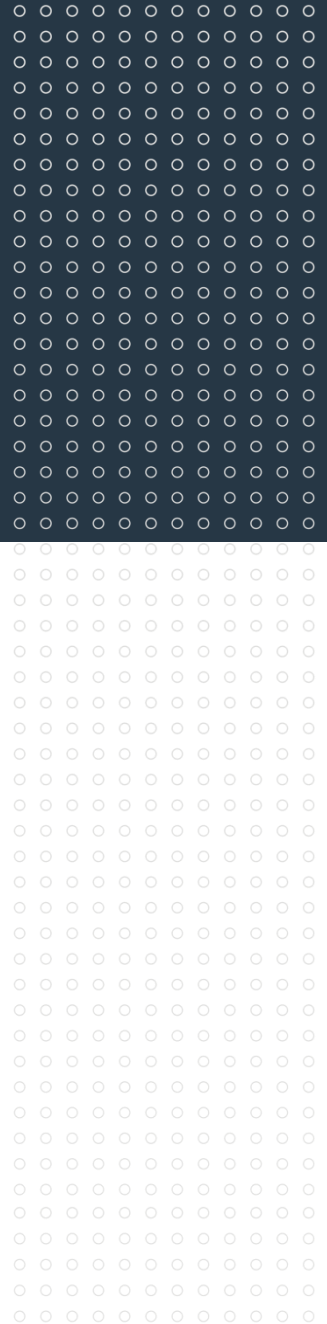


# Medical Assistants and the Adoption of Delineation of Privileges



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## Medical Assistants and the Adoption of Delineation of Privileges

Medical assistants are generally trained to undertake administrative, clerical, and clinical tasks. However, there is a clear difference in the outlook and regulations regarding the scope of their practice across various states. For instance, New York has strict regulations for medical assistants, whereas Wyoming does not have any state law to forbid supervising physicians from delegating tasks to medical assistants.

Based on this variation, there are four categories of states:

- Highly Regulated
- Less Regulated
- Moderately Regulated
- Least Regulated

**Highly Regulated** states are those that do not allow the delegation of medical services. Licensed professionals, including physicians, who delegate a medical task to a person who is not legally authorized to perform such a task are guilty of professional misconduct. Highly regulated states are:

- New York
- Massachusetts

**Moderately Regulated** states allow medical assistants to perform medical procedures under certain conditions. In some states, a medical assistant may perform certain medical procedures under the direct supervision of a doctor of medicine, physician assistant or nurse practitioner. In some states, prior to performing technical supportive services, a medical assistant must receive training by either (1) a licensed physician and surgeon, nurse practitioner or nurse midwife; or (2) an instructor in an approved school program. Moderately regulated states are:

- Arizona
- Arkansas
- California
- Florida
- Maryland
- Nebraska
- Nevada
- New Jersey
- North Dakota
- Pennsylvania
- Texas
- West Virginia

**Less Regulated** states have a law that permits physicians to delegate a reasonable scope of clinical and administrative tasks to knowledgeable and competent unlicensed professionals, such as medical assistants. Less regulated states are:

- Alabama
- Alaska
- Colorado
- Connecticut
- Georgia
- Idaho
- Illinois
- Indiana
- Kansas
- Kentucky
- Maine
- Michigan
- Minnesota
- New Hampshire
- Montana
- New Mexico
- North Carolina
- Ohio
- Oklahoma
- Oregon
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Utah
- Virginia
- Washington
- Wisconsin

**Least Regulated** states are the ones that do not have any law that forbids supervising physicians from delegating tasks to intermediary personnel, such as physician assistants, nurse practitioners, registered nurses, who can further delegate those tasks to medical assistants. Additionally, there are no set rules for the certifications or trainings that medical assistants need to complete. Least Regulated states are:

- Delaware
- District of Columbia
- Iowa
- Louisiana
- Mississippi
- Missouri
- Vermont
- Wyoming

## Medical Assistants and the Adoption of Delineation of Privileges

Patient wellbeing and safety are at a significant risk in America's medical offices, but the solution to mitigating these risks is also very close at hand. Considering the amount of risk involved, **it is critical that we discuss and assess who can and cannot practice medicine in offices**. It is also important that we borrow from the American Hospital's tool kit when starting this discussion.

**What is the practice of medicine?** The New York State Education Department, Office of the Professions indicates that "the practice of the profession of medicine is defined as diagnosing, treating, operating or prescribing for any human disease, pain, injury, deformity or physical condition."

**Who may practice medicine?** This is the most important question a patient may ask before being treated in a medical space or a medical professional may ask before delegating medical treatment tasks to a person working within the medical practice. Unfortunately, even the licensed medical or nursing professionals who are allowed to delegate medical tasks to other staff do not always know the answer, or worse, they intentionally overlook it.

Delegation of activities or tasks related to patient care by a licensed medical or nursing professional in a medical practice to unlicensed assistive personnel, such as a medical assistant requires the medical or nursing professional to be accountable for the outcome to the patient. A medical professional cannot delegate responsibilities related to making medical judgements or nursing judgements to a medical assistant. A registered nurse cannot delegate responsibilities related to making nursing judgements.

A large multi-specialty medical group might employ 50 physicians, one registered nurse, and 35 medical assistants. This scenario is acceptable if the physicians in the practice are willing to insert a cannula in the urology clinic, administer a bronchodilator breathing treatment in the pulmonary office, and give a flu shot in the primary care suite. Under most state laws, doctors are allowed to delegate these clinical treatments to a professional nurse or possibly a vocational nurse, but the one professional registered nurse is already engaged in so many activities while doing coumadin monitoring in cardiology and would not be able to float to all those offices and 35 medical assistants are never allowed to do any of those tasks. Rightfully so, but here is where major risk not only creeps in but takes hold with a vengeance.

Scope-of-practice laws exist for licensed professionals such as medical doctors (MDs), osteopathic physicians (DOs), physician's assistants (PAs), advanced practice nurses (APRNs), and vocational nurses (LPNs/LVNs). However, no such laws exist for medical assistants (MAs) because they are not licensed and have no professional scope. Medical assistants perform multiple administrative tasks. In addition, they sometimes take vital signs and perform routine laboratory tests, such as urinalysis. Medical assistants are responsible for bringing patients into their rooms and entering their medical histories, including height, weight, pulse, and blood pressure, for confirmation by a licensed provider. None of the states allow medical assistants to attest to the medical history, do an intake, triage the day's problems, and make any determinations or educate a patient about the plan of care.

For example, Connecticut was so concerned about the use of medical assistants in private medical offices that they issued a medical assistant information advisory on their Department of Health website. The advisory reads in part, "Examples of specifically prohibited activities by MAs are radiography and medication administration by any route (including oxygen, immunizations, and tuberculin testing). Also, the professional judgment piece of any regulated profession, e.g., assessment, diagnosing, planning, and evaluation of clients or their care, can never be delegated. However, data collection by unlicensed persons, to be used by licensed professionals, within the activities, is not a licensed activity."

## Medical Assistants and the Adoption of Delineation of Privileges

The Connecticut advisory references a state nursing memorandum that includes, "The General Statutes of Connecticut, Section 20-9, identifies those persons to whom a physician licensed to practice medicine and surgery may delegate responsibilities as follows: a Physician Assistant, Advanced Practice Registered Nurse, Registered Nurse and Licensed Practical Nurse. The registered nurse shall be responsible for determining what aspects of the medical and nursing regimen the registered nurse may delegate to the licensed practical nurse and unlicensed personnel. This is consistent with Section 20-87a which states, in part, that licensed nurses execute "...the medical regimen under the direction of a licensed physician or dentist." Therefore, the "Performance of non-nurse delegated and non-nurse supervised nursing activities by unlicensed persons constitutes practicing nursing without a license and is not in the interest of the health, safety, and welfare of the public."

At times, licensed providers inappropriately go beyond the bounds of the required delegation processes. For example, during operative procedures, physicians need to be reminded about the necessary use and scope of practice of a Certified Registered Nurse Anesthetist who can perform modified and general anesthesia care. Physicians cannot use a trusted and preferred OR scrub nurse.

Medical assistants lack the skills required to safely deliver medical services. Many states' scope-of-practice laws describe these skills as observation, assessment, and decision making. It takes years of formal education to obtain and master these skills.

Despite the skill gap, some states have loosened the tight restrictions on medical assistants. In New York for example, a medical assistant can draw blood but only after completing additional instruction in phlebotomy. Additionally, some states allow medical assistants to administer vaccines such as flu shots, but not medications. Pharmacology is not included in the curriculum of medical assistants. The administration of medications falls under the scope of practice of nurses. With increasing awareness among patients and their questions about the professionals delivering medical services to them, it is important for the staff in medical offices to know the law. Ignorance of the law is not an excuse when something goes wrong. Each state sets their own scope-of-practice laws for licensed professionals. Since medical assistants are not licensed, a state may occasionally issue an advisory pertaining to tasks they can perform, if they pass a test to become a certified medical assistant. Successful completion of a program is graduation but not certification.

**A medical assistant learning a skill on the job is a red flag.** If a physician or nurse instructs a medical assistant to draw medications for placement in a nebulizer and listen for improved breath sounds during a breathing treatment, everyone involved is at fault because none of those tasks can be performed by a medical assistant. The temptation to use medical assistants is real as it offers monetary benefits.

Medical offices can adopt an existing solution for the poorly communicated and blurred roles of professionals. During their credentialing process in hospitals, physicians have strict admitting rights with a very specific list of delineated privileges. For example, an OB/GYN cannot use the equipment approved for a Neurosurgeon and vice versa. Healthcare administrators can also adopt this model in private medical offices, delineating the privileges of different staff in a medical office, thereby offering a clear understanding of the scope of responsibilities to nursing and medical assistant staff. In addition, both certified and non-certified medical assistants would understand their roles. CMS allows certified medical assistants to enter a physician's verbal orders for medication, laboratory, and radiology orders in the medical record. All state and federal law and advisories should be cited when developing medical office privileges for medical assistants.

## Medical Assistants and the Adoption of Delineation of Privileges

According to a Harvard study, an unlicensed medical assistant working for a clinic was answering phone calls and triaging patient concerns. One patient described she was, “...experiencing pain radiating from her flank and back, bleeding, and changes in her bowel movement.”

The medical assistant assumed the patient was suffering from a urinary tract infection and neglected to tell the physician or nursing staff of this issue. The patient died from these complications after the issue turned into a life-threatening complication. Phone triage should be included in the list of discussions.

## Medical Assistants and the Adoption of Delineation of Privileges

The sample chart below developed by a student and staff member at the Cornell University, Sloan Program in Health Administration offers a sample template for use in a medical office. Although medical offices are unregulated by accrediting bodies such as The Joint Commission (TJC), which reviews hospitals and other types of medical organizations, medical offices can fall under scrutiny by State Departments of Public Health, or other state departments of registration and regulation which license physicians and nurses. Having such a tool can help mitigate clinical risk.

Medical Office Delineation of Privileges	MD	APRN	PA	RN	LPN/LVN	MA
Minimal Years of Education	12	6	6	4	2	.5
<u>Examples of General Practice Tasks</u>						
Height, Weight, Blood Pressure, Pulse	Y	Y	Y	Y	Y	Y
E Prescribing including refills	Y	Y	Y	NO	NO	NO
Triage calls from sick patients	Y	Y	Y	Y	Y	NO
Give immunizations such as flu shots	Y	Y	Y	Y	Y	NO
Conduct a spirometry test	Y	Y	Y	Y	Y	NO
Provide respiratory nebulizer treatment	Y	Y	Y	Y	Y	NO
Draw blood	Y	Y	Y	Y	Y	Phlebotomy Trained
Verbal order entry	Y	Y	Y	Y	Y	If Certified
<u>OB/GYN</u>						
Pelvic Exam	Y	Y	Y	NO	NO	NO
Excision of lump	Y	NO	NO	NO	NO	NO
<u>Cardiology</u>						
PT/INR Monitoring	Y	Y	Y	Y	NO	NO
Patient education of halter monitor	Y	Y	Y	Y	Y	NO
<u>Addiction Medicine</u>						
Administer Vivitrol	Y	Y	Y	Y	NO	NO

## Medical Assistants and the Adoption of Delineation of Privileges

As one of the leading brokers of Medical Professional Liability insurance, HUB International endorses this idea because several issues arise when staff are used inappropriately. Robert Price, Senior Vice President and a member of the Healthcare Specialty Practice, shares that the Medical Professional Liability insurance policy may not cover mistakes made by a staff member practicing medicine without the proper license to perform the task or procedure. Also, if a physician improperly delegates care delivery services, the physician may pay a fine and receive a Consent Decree from a State Licensing Board through which they are licensed. This may, in turn, be reportable to the National Practitioner Data Bank. This action may cause the insurance premium rates to go up during the underwriting review process. Also, if a payer believes that the coding for such care was improper, the payer could initiate a recoupment of payments due to alleged falsification of each submitted claim. This type of adversarial action could have devastating consequences on the practice. The best course of action, in instances where care delegation is concerned, physicians must delegate medical tasks to trained and licensed nurses or other medical professionals.

With a large aging population in the coming years, the U.S. will see an expansion of staff employed in medical offices. This will be an all-hands-on-deck era, where it will be more important than ever to identify and recognize the roles that staff play to ensure medical safety.

### Citations include:

- CT Gov. Medical assistant Information
- <https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/Medicalassistant/Medical-Assistant-Information>
- “Medical assistant Information.” CT.gov, portal.ct.gov/DPH/Practitioner-Licensing--Investigations/Medical assistant/Medical-Assistant-Information.
- New York State Department of Education Office of the Professions <http://www.op.nysed.gov/prof/med/medbroch.htm>
- “Office of the Professions.” NYS Medicine: Consumer Information, 12 May 2020, www.op.nysed.gov/prof/med/medbroch.htm.
- Connecticut State Department of Public Health, Medical assistant Information [Medical assistant Information \(ct.gov\)](#)
- “Medical assistant Information.” CT.gov, portal.ct.gov/DPH/Practitioner-Licensing--Investigations/Medical assistant/Medical-Assistant-Information.
- CMS [Eligible Professional Meaningful Use Core Measures, Measure 1-17, Stage 2, CPOE for Medication, Laboratory and Radiology Orders \(cms.gov\)](#)
- “Medical assistant Information.” CT.gov, portal.ct.gov/DPH/Practitioner-Licensing--Investigations/Medical assistant/Medical-Assistant-Information.
- Alex Stein, Petrie-Flom Center at Harvard Law School <https://blog.petrieflom.law.harvard.edu/2015/08/30/malpractice-at-the-front-desk/>
- “Eligible Professional Meaningful Use Core Measures.” CMS Gov, Oct. 2012, www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2\_EPCore\_1\_CPOE\_MedicationOrders.pdf.
- Robert Price, Senior Vice President, Hub International
- Medical Board – United States – What Medical Assistants Can Do
- American Association of Medical Assistants (AAMA) <https://www.aama-ntl.org/employers/state-scope-of-practice-laws>

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# Highly Regulated States

## States that do not allow delegation of medical services.

### Massachusetts

#### 2.07: General Provisions Governing the Practice of Medicine

243 CMR 2.07 addresses some issues relating to the practice of medicine by licensees. The Practice of Medicine is defined in 243 CMR 2.01(4).

Delegation of Medical Services. There shall be no delegation of medical services to an individual who is not licensed to perform those services in Massachusetts.

Nothing in 243 CMR 2.07(4) shall be construed as permitting an unauthorized person to perform activities requiring a license to practice medicine. A full licensee who knowingly permits, aids or abets the unlawful practice of medicine by an unauthorized person is subject to discipline pursuant to M.G.L. c. 112, § 5, and 243 CMR 1.05(6).

Source – American Association of Medical Assistants (AAMA) This law permits a PCP to delegate the administration of an immunization to a CMA only while the PCP is present in the facility and immediately available to assist and direct the CMA. This oversight does not require a PCP to be present in the room when the procedure is performed. The PCP may delegate the administration of immunizations to a CMA who: (1) 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; (2) is employed in the clinical practice of a licensed primary care provider; and (3) performs basic administrative, clerical, and clinical duties upon the specific authorization and under the direct supervision of a licensed primary care provider. The new law requires the Department to promulgate regulations governing administration of immunizations by a CMA. This circular letter provides guidance on how the Department interprets and will enforce the new law until such time as regulations are promulgated in accordance with the State Administrative Procedure Act, M.G.L. c. 30A.

Source - <http://www.aama-ntl.org/docs/default-source/legal/circular-letter-immunization-administration-by-medical-assistants.pdf?sfvrsn=4>

# Highly Regulated States

## New York

Section 6530 (11) of Education Law states that "permitting, aiding or abetting an unlicensed person to perform activities requiring a license" constitutes unprofessional conduct. Accordingly, medical tasks may only be delegated to persons who are *authorized by law to perform the delegated task. The fact that an unlicensed person may be "capable" of performing the task does not confer legal authorization for him/her to engage in an activity that is restricted to licensed persons. Licensed professionals, including physicians, who knowingly delegate a medical task to a person who is not legally authorized to perform such a task are guilty of professional misconduct.* Below are lists of tasks that can and cannot be performed by unlicensed persons in New York State. These lists include those tasks that the board offices most frequently receive questions about from practitioners. However, they are **not** exhaustive lists. Thus, practitioners may be called upon to make determinations as to whether tasks that are not mentioned in these lists may be delegated to an unlicensed person. In making those determinations, practitioners with authority to order and/or delegate medical tasks should be guided by the principle that tasks that require the exercise of medical judgment and assessment, or tasks that are specifically restricted to licensed professionals, may not be delegated to unauthorized persons. Such tasks must be performed by licensed persons who, by virtue of their education and licensure, are presumed to possess the level of professional judgment and assessment skills that will ensure safe practice<sup>1</sup>. Unlicensed persons may not perform any tasks protected or restricted under the scope of practice of any other licensed profession. This document specifically refers to unlicensed persons assisting in medical procedures.

Source - <http://www.op.nysed.gov/prof/med/medmedicalassistants.htm>

# Moderately Regulated States

States that allow medical assistants to perform tasks under certain conditions.

## Arizona

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.

Source - <https://www.azleg.gov/viewdocument/?docName=https://www.azleg.gov/ars/32/01456.htm>

## Arkansas

SECTION 2. Arkansas Code Title 17, Chapter 95, Subchapter 2 is amended to add an additional section to read as follows:

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.

## Moderately Regulated States

### Arkansas continued

(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

Source - <http://www.aama-ntl.org/docs/default-source/legal/ar-act-472-delegation.pdf?sfvrsn=4>

### California

The classification of medical assistant is defined under the provisions of the Medical Practice Act (Business and Professions Code sections 2069-2071) as a person who may be unlicensed who performs basic administrative, clerical, and technical supportive services under the supervision of a licensed physician, podiatrist, physician assistant, nurse practitioner, or nurse midwife.

Under the state law, "technical supportive services" are 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, podiatrist, physician assistant, nurse practitioner, or nurse midwife. "Supervision" is defined to require the licensed physician, podiatrist, physician assistant, nurse practitioner, or nurse midwife to be physically present in the treatment facility during the performance of those procedures.

Prior to performing technical supportive services, a medical assistant shall receive training by either (1) a licensed physician and surgeon, podiatrist, physician assistant, nurse practitioner, or nurse midwife or (2) an instructor in an approved school program to assure the medical assistant's competence in performing a service at the appropriate standard of care.

A medical assistant who has completed the minimum training prescribed by regulation may administer medication by intradermal, subcutaneous, or intramuscular injections, perform skin tests, and other technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon, podiatrist, physician assistant, nurse practitioner, or nurse midwife.

"Specific authorization" means a specific written order prepared by the supervising physician, podiatrist, physician assistant, nurse practitioner, or nurse midwife 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, podiatrist, physician assistant, nurse practitioner, or nurse midwife 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 in the patient's medical record.

Source - <https://www.mbc.ca.gov/Licensing/Physicians-and-Surgeons/Practice-Information/Medical-Assistants.aspx>

# Moderately Regulated States

## Florida

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 no intravenous 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 of 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.

Source - [http://www.leg.state.fl.us/statutes/index.cfm?App\\_mode=Display\\_Statute&Search\\_String=&URL=0400-0499/0458/Sections/0458.3485.html](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0458/Sections/0458.3485.html)

## Maryland

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:

## Moderately Regulated States

### Maryland continued

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;

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.

Source - <https://www.aama-ntl.org/docs/default-source/legal/md-regulations.pdf?sfvrsn=4>

### Nebraska

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: ...

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;

The Nebraska Department of Health and Human Services (NDHHS) has taken the position that medical assistants must meet certain requirements and register with the NDHHS as medication aides in order to be delegated by physicians in outpatient settings the administration of medication. Medical assistants working under direct/onsite physician supervision in outpatient settings are required to pass a competency assessment conducted by a licensed health care professional (such as a physician). Such medical assistants are not required to take a course or pass an examination in order to be registered as medication aides.

Source - <http://www.aama-ntl.org/docs/default-source/legal/nebraska-delegable-duties.pdf?sfvrsn=4>

# Moderately Regulated States

## Nevada

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

A medical assistant, in accordance with applicable regulations of the: (a) Board of Medical Examiners, at the direction of the prescribing physician and under the supervision of a physician or physician assistant; (b) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant. "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. The term does not include a person who performs only administrative, clerical, executive or other nonclinical tasks. The Board may adopt regulations governing the supervision of a medical assistant, including, without limitation, regulations which prescribe limitations on the possession and administration of a dangerous drug by a medical assistant.

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

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;

Source - <http://www.aama-ntl.org/docs/default-source/legal/nevada-statutory-regulation-language.pdf?sfvrsn=4>

## New Jersey

The New Jersey Board of Medical Examiners has issued a regulation which permits physicians to delegate certain injections to medical assistants who meet the requirements set forth in the regulation. This regulation is available under "State Scope of Practice Laws" near the bottom left of the home page of the AAMA website: [www.aama-ntl.org](http://www.aama-ntl.org)

Source - <https://www.aama-ntl.org/docs/default-source/legal/letter-regarding-delegable-duties-in-new-jersey.pdf?sfvrsn=6>

We have not found any other language in New Jersey statutes or regulations that addresses what physicians are permitted to delegate to unlicensed professionals such as medical assistants.

# Moderately Regulated States

## North Dakota

There is no language in North Dakota statutes or regulations that addresses what physicians can delegate to medical assistants. Regulations implemented by the North Dakota Board of Nursing August 1, 2005, allow medical assistants who meet the qualifications and are registered in the Medication Aide III category to be delegated certain injections.

Source - <http://www.aama-ntl.org/docs/default-source/legal/letter-regarding-delegable-duties-in-north-dakota.pdf?sfvrsn=4>

North Dakota Century Code chapter 43-12.1 allows the licensed nurse to delegate and supervise nursing interventions to individuals authorized by the board to perform those functions. Medication administration is a nursing intervention. Medication administration is the responsibility of licensed nurses and requires the knowledge, skills, and abilities of the licensed nurse to ensure public safety and accountability. The medication assistant III may perform the intervention of administering medications to the client in an ambulatory health care setting. The licensed nurse must be available to monitor the client's progress and effectiveness of the prescribed medication regimen. Delegation of medication administration for individuals with unstable or changing nursing care needs is specifically precluded by these rules.

## Pennsylvania

The Pennsylvania Medical Practice Act of 1985, Section 17, Delegation of duties to health care practitioner or technician, states the following:

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.

## Moderately Regulated States

### Pennsylvania continued

- (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 delegate 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 delegate as appropriate to the difficulty of the procedure, the skill of the delegatee and risk level to the 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.

### Texas

There is no specific list of medical assisting tasks in the Texas statutes or regulations. Per AAMA a portion of the Texas statute authorizes physicians to delegate a reasonable scope of clinical and administrative tasks (including performing venipuncture; performing intramuscular, intradermal, and subcutaneous injections—including vaccinations/immunizations; verbatim transmitting of the delegating physician's orders at the specific authorization of the physician) to knowledgeable and competent unlicensed health professionals such as medical assistants working under their direct/onsite supervision in outpatient settings.

# Moderately Regulated States

## Texas continued

### Sec.A157.001. 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.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

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.

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

## Moderately Regulated States

### Texas continued

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.

Source - <http://www.aama-ntl.org/docs/default-source/legal/tx-occupations-code-physician-delegation.pdf?sfvrsn=4>

### West Virginia

The Advanced Practice Registered Nurse (APRN) holding a license issued by the West Virginia Board of Examiners for Registered Professional Nurses, whose license and certification is in good standing, is permitted to delegate medication administration to any national certified medical assistants in primary care settings under the following conditions:

1. Patient safety is maintained; 2. In person patient assessment has been completed by the APRN; 3. Circumstances don't allow for further decision making by the qualified Medical Assistant; 4. Patients are determined to have a stable condition; 5. The administration of medication has an expected specific determined outcome 6. Facility policies support the practice.

Prior to delegating any medication administration, the APRN is responsible for validating the credentials of the medical assistant to assure completion of a program of study with a curriculum that included pharmacology and medication administration, the medication assistant has a current national certification, and related competencies have been validated within the past twelve months. Each APRN must validate the competencies of the medical assistant. This validation includes direct observation of all routes of medication delivery to patients across the lifespan. This validation must be documented and verified by the signature of the APRN. Each APRN is responsible for the delegated act and related follow through.

Source- <https://www.aama-ntl.org/docs/default-source/legal/wv-aprn-delegation.pdf?sfvrsn=6>

There does not appear to be any language in West Virginia statutes or regulations that addresses what physicians can delegate to medical assistants.

Source - <http://www.aama-ntl.org/docs/default-source/legal/west-virginia-delegable-duties.pdf?sfvrsn=4><http://www.aama-ntl.org/docs/default-source/legal/west-virginia-delegable-duties.pdf?sfvrsn=4>

**ACTIVITIES THAT SHOULD NOT BE ASSIGNED TO AN UNLICENSED PERSON** Activities that are not appropriate for assignment to an unlicensed person are those that require nursing judgment and skill and have substantial potential to jeopardize client safety and welfare. Except as specifically provided in law. (West Virginia Code 16-50., and other laws and rules). The Boards receive questions about delegation to medical assistants. Medical assistants are unlicensed personnel and have no defined scope of practice, have no laws or rules governing practice and may not be delegated activities by the nurse that require professional licensure (i.e. intravenous medication administration).

Source - <https://www.aama-ntl.org/docs/default-source/legal/criteria-for-determining-scope-of-practice-for-licensed-nurses-and-guidelines-for-determining-acts-that-may-be-delegated-or-assigned-by-licensed-nurses.pdf?sfvrsn=0>

# Less Regulated States

States where medical assistants are allowed to perform certain admin and clinical tasks.

## Alabama

Medical assistants are not mentioned specifically in the statutes or regulations of Alabama.

Source - <http://www.aama-ntl.org/docs/default-source/legal/al-delegable-duties.pdf?sfvrsn=4>

## Alaska

- (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.

## Less Regulated States

(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.

Source - <https://www.aama-ntl.org/docs/default-source/legal/ak-bome-delegation-regs-1-2020.docx?sfvrsn=2>

### Colorado

Section 12-36-106(3)(L) of the Colorado Medical Practice Act gives the physician broad latitude in determining what tasks are delegable to medical assistants:

Under the personal and responsible direction and supervision of a person licensed under the laws of this State to practice medicine, a license to practice medicine is not required for the rendering of services, other than the prescribing of drugs, by persons qualified by experience, education, or training. Nothing in this exemption, however, 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.

Source - <http://www.aama-ntl.org/docs/default-source/legal/co-delegable-duties.pdf?sfvrsn=4>

### Connecticut

Several regulated professions have scopes of practice, which may impact, or be impacted by, roles of the medical assistant. For example, the Board of Examiners for Nursing has issued a Declaratory Ruling - Delegation by Licensed Nurses To Unlicensed Assistive Personnel. This document outlines parameters within which a licensed nurse may delegate to unlicensed assistive personnel, engaged in assisting nurses in carrying out nursing activities. Also, Section 20-9 of the General Statutes of Connecticut dictate to whom a licensed physician may delegate aspects of care. Medical assistants are not identified in that listing of providers. While emergency services providers are certified, not licensed, their roles also are regulated.

Examples of specifically prohibited activities are radiography and medication administration by any route (including oxygen, immunizations, and tuberculin testing). Also, the professional judgment piece of any regulated profession, e.g., assessment, diagnosing, planning, and evaluation of clients or their care, can never be delegated. However, data collection by unlicensed persons, to be used by licensed professionals within the activities, is not a licensed activity. Also, health maintenance education not related to a specific diagnosis, and thus, not requiring judgment or adaptation of a teaching plan, does not require a license. The assisting in the handling of equipment in preparation for procedures, or follow-up to procedures, including equipment maintenance usually is outside of the realm of the restrictions pertaining to regulated professions.

Source - <http://www.aama-ntl.org/docs/default-source/legal/ct-dph-medical-assistant-info.pdf?sfvrsn=4>

# Less Regulated States

## Georgia

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.

Source - <https://www.aama-ntl.org/docs/default-source/legal/ga-regulations-med-assist-law-rules.doc?sfvrsn=2>

## Hawaii

Hawaii law gives physicians some discretion in determining what tasks can be delegated to unlicensed professionals such as medical assistants. Section 453-5.3 Physician assistant; licensure required, reads as follows:

The board of medical examiners shall require each person practicing medicine under the supervision of a physician or osteopathic physician...to be licensed as a physician assistant. A person who is trained to do only a 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. [Emphasis added.]

The Hawaii Nurse Practice Act and the attendant regulations and policies of the Hawaii Board of Nursing govern what nursing tasks can be delegated by nurses to unlicensed professionals, the Hawaii Medical Practice Act and the attendant regulations and policies of the Hawaii Board of Medical Examiners govern what tasks can be delegated by physicians to medical assistants.

Source - <http://www.aama-ntl.org/docs/default-source/legal/hi-delegable-duties.pdf?sfvrsn=4>

## Idaho

The Idaho Medical Practice Act, 54-1804, reads as follows:

Unlicensed practice—Penalties and remedies relating to unlicensed practice. – (1) Under the circumstances described and subject in each case to the 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.

# Less Regulated States

## Idaho continued

It is advisable to have the supervising physicians authorize in writing which tasks are being delegated to the medical assistants, and which health professionals are being assigned by the physicians to oversee the medical assistants performing these tasks.

Source - <http://www.aama-ntl.org/docs/default-source/legal/id-delegable-duties.pdf?sfvrsn=4>

## Illinois

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.

Source - <http://www.aama-ntl.org/docs/default-source/legal/il-med-pract-act-delegation-excerpt.pdf?sfvrsn=4>

## Indiana

According to 25-22.5-1-2, Section 2(a) of the Indiana statutes, the provisions relating to the unlawful or unauthorized practice of medicine or osteopathic medicine shall not apply to:

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...An employee may not administer medication without the specific order of the employing physician of the employing group

Source - <http://www.aama-ntl.org/docs/default-source/legal/in-delegable-duties.pdf?sfvrsn=4>

# Less Regulated States

## Kansas

Section 65-2872(g) of the Kansas Healing Arts Act states that the following individuals are deemed to not be engaged in the practice of medicine:

Persons whose professional services are performed under the supervision or by order or referral from a practitioner who is licensed under this Act [viz., a physician].

Source - <http://www.aama-ntl.org/docs/default-source/legal/ks-delegable-duties.pdf?sfvrsn=4>

## Kentucky

There is no language in Kentucky statutes or regulations that addresses specifically what physicians are permitted to delegate to medical assistants.

Because medical assistants are not specifically mentioned in the Kentucky Medical Practice Act or the regulations of the KY Board of Medical Examiners, the Board does not have direct jurisdiction over the scope of practice of medical assistants. However, the Board does have indirect jurisdiction because it can limit what physicians are permitted to delegate to medical assistants.

Kentucky law permits physicians to assign to other providers (e.g., nurse practitioners and physician assistants) and certain licensed health care professionals (e.g., registered nurses) to supervise medical assistants who are performing tasks delegated to them by the overseeing/delegating physician(s).

Source - <http://www.aama-ntl.org/docs/default-source/legal/ky-delegable-duties.pdf?sfvrsn=4>

## Maine

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. 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. [PL 2019, c. 627, Pt. B, §15 (AMD).]

When the delegated activities are part of the practice of optometry as defined in chapter 34-A, then the individual to whom these activities are delegated must possess a valid license to practice optometry in Maine, or otherwise may perform only as a technician within the established office of a physician, and otherwise acting 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. [PL 1993, c. 600, Pt. A, §205 (AMD).]

Source - <http://legislature.maine.gov/statutes/32/title32sec3270-A.html>

# Less Regulated States

## Michigan

According to 333.16215 of the Michigan Public Health Code:

A licensee [viz., a licensed physician] 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. An act, task, or function shall not be delegated under this section which, under standards of acceptable and prevailing practice, requires the level of education, skill, and judgment required of a licensee under this article.

There is no language in Michigan law that more specifically delineates what tasks are delegable by physicians to medical assistants.

Source - <http://www.aama-ntl.org/docs/default-source/legal/delegable-duties-michigan.pdf?sfvrsn=4>

## Minnesota

Note the following language from the Minnesota Statutes:

147A.08 EXEMPTIONS (a) This chapter does not apply to, control, prevent, or restrict the practice, service, or activities 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. 147.091 GROUND 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.

Source - <http://www.aama-ntl.org/docs/default-source/legal/delegable-duties-minnesota.pdf?sfvrsn=4>

## New Hampshire

Unlike nurses, medical assistants do not hold a license to practice and are, therefore, not regulated by the State of New Hampshire or any other entity and this distinction must be recognized.

Sources - <http://www.aama-ntl.org/docs/default-source/legal/nh-board-of-med-medicalassistantsCAFB37D03A24.pdf?sfvrsn=2>

# Less Regulated States

## Montana

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:
  - b) the identity of the medical assistant to whom the health care provider has delegated tasks included in the patient's care; and
    - iii. the clinical tasks delegated to the medical assistant;

Source - <https://rules.mt.gov/gateway/ruleno.asp?RN=24%2E156%2E401>

## New Mexico

The Medical Practice Act shall not apply to or affect:

- A. gratuitous services rendered in cases of emergency;
- B. the domestic administration of family remedies;
- C. the practice of midwifery as regulated in this states;
- D. commissioned medical officers of the armed forces of the United States and medical officers of the commissioned corps of the United States public health service or the United States department of veterans affairs in the discharge of their official duties or within federally controlled facilities; provided that such persons who hold medical licenses in New Mexico shall be subject to the provisions of the Medical Practice Act; and provided further that all such persons shall be fully licensed to practice medicine in one or more jurisdictions of the United States;
- E. the practice of medicine by a physician, unlicensed in New Mexico, who performs emergency medical procedures in air or ground transportation on a patient from inside of New Mexico to another state or back; provided that the physician is duly licensed in that state;

# Less Regulated States

## New Mexico continued

- 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 the person's own self 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;

Source - <http://www.aama-ntl.org/docs/default-source/legal/exceptions-to-act-61-6-17.pdf?sfvrsn=4>

## North Carolina

Note: Although MOAs and MAs may be nationally certified, they are not regulated and/or licensed under occupational laws and rules in North Carolina and do not, therefore, have a designated scope of practice.

The Medical Practice Act allows physicians to delegate patient care to UAP. When the physician delegates to the UAP, he/she assumes responsibility/accountability for the UAP actions and for patient outcomes.

Unlicensed Assistive Personnel (UAP) - includes nurse aides (NA I or NA II), patient care assistants (PCA), medical office assistants (MOA), medical assistants (MA), or other unlicensed staff to whom direct patient care activities are delegated. UAP may work under the direction of both licensed nurses and physicians.

<https://www.aama-ntl.org/docs/default-source/legal/uap-delegation-nc.pdf?sfvrsn=4>

## Ohio

In Ohio, medical assistants are unlicensed individuals. There is no standard training and education for medical assistants. While some medical assistants receive formal education and even attain national certification, other medical assistants receive only on-the-job training by the employing physician. Because medical assistants are unlicensed, their duties are limited to those delegated by a physician in compliance with the rules found in Chapter 4731-23, Ohio Administrative Code.

The criteria a physician must apply to determine whether a task may be delegated to an unlicensed individual include the following criteria set forth in Rule 4731-23-02, Ohio Administrative Code:

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

That the task is one that should be appropriately delegated when considering the following factors:

- (a) That the task can be performed without requiring the exercise of judgement 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;

Source - <https://www.aama-ntl.org/docs/default-source/legal/oh-iv-opinion-letter-medboard.pdf?sfvrsn=2>

## Less Regulated States

### Oklahoma

The Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, Title 59, Section 492, E, states the following:

Nothing in the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall prohibit service rendered by a physician's trained assistant, if such service is rendered under the supervision and control of a licensed physician, or the service of any other person duly licensed or certified by the state to practice the healing arts.

Source - <http://www.aama-ntl.org/docs/default-source/legal/oklahoma-delegable-duties.pdf?sfvrsn=4>

### Oregon

The physician is responsible for ensuring that the medical assistant is qualified and competent to perform any delegated services. It is within the physician's judgment to determine that the medical assistant's education, training and experience is sufficient to ensure competence in performing the service at the appropriate standard of care. Performance of delegated services is held to the same standard of care applied to the supervising physician, and the physician is ultimately accountable for the actions of his or her supervised personnel.

Source - <https://www.oregon.gov/omb/board/philosophy/Pages/Use-of-Unlicensed-Healthcare-Personnel.aspx>

### Rhode Island

Rhode Island General Laws 5-54-3, Exemptions, reads in part as follows:

The provisions of this chapter [requiring physician assistants to be licensed in order to practice] 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.

Law permits only certain health care professionals to perform, however, may not be delegated to medical assistants. The Rhode Island Board of Medical Licensure and Discipline has issued a document entitled Guidelines Regarding Scope of Practice, Supervision, and Minimum Expectations of Conduct of Medical Assistants.

# Less Regulated States

## Rhode Island continued

Source - <http://www.aama-ntl.org/docs/default-source/legal/rhode-island-delegable-duties.pdf?sfvrsn=4>

*Forbidden tasks:* Tasks that can never be performed by MAs or unlicensed persons include (but are not limited to):

- Triage
- Administer schedule medications (controlled substances)
- Administer contrast dyes
- Give intravenous injections of any kind
- Place sutures
- Insert an intravenous catheter
- Obtain blood from an artery
- Take x-rays or independently positioning patients for x-rays, CTs, MRIs, or ultrasounds
- Call in prescriptions for schedule 2 – 5 medications
- Interpret any test or clinical finding
- Diagnose or treat any disease
- Administer prescription eye drops
- Use of a laser

Source - <http://www.aama-ntl.org/docs/default-source/legal/ri-guidelines-practice-supervision-and-minimum-expectations.pdf?sfvrsn=4>

## South Carolina

Section 40-47-30(5) of the Medical Practice Laws of South Carolina states that the statute does not prohibit a licensed physician from delegating tasks to unlicensed personnel in his employ and on his premises if:

the task is delegated directly to unlicensed personnel by the physician and not through another licensed practitioner; (b) the task is of a routine nature involving neither the special skill of a licensed person nor significant risk to the patient if improperly done; (c) the task is performed while the physician is present on the premises and in such close proximity as to be readily available to the unlicensed person if needed; (d) the task does not involve the verbal transmission of a physician's order or prescription to a licensed person if the licensed person requires the order or prescription to be in writing; and (e) the unlicensed person wears an appropriate badge denoting to any patient his status. The unlicensed person shall wear a clearly legible identification badge or other adornment at least one inch by three inches in size bearing the person's first name at a minimum and staff position. The identification badge must be worn in a manner so that it is always clearly visible to patients.

## Less Regulated States

### South Carolina continued

Source - <http://www.aama-ntl.org/docs/default-source/legal/south-carolina-delegable-duties.pdf?sfvrsn=4>  
<http://www.aama-ntl.org/docs/default-source/legal/supervision-unlicensed-personnel-corporate-practice-medicine.pdf?sfvrsn=4>

### South Dakota

In accordance with S.C. Code Ann. § 40-47-10(l)(1), the State Board of Medical Examiners (“Board”) may “publish advisory opinions and position statements relating to practice procedures or policies authorized or acquiesced to by any agency, facility, institution, or other organization that employs persons authorized to practice under this chapter to comply with acceptable standards of practice.” The Board publishes this advisory opinion to clarify its position on the principles of the supervision of unlicensed personnel and the corporate practice of medicine, which have become interwoven in certain clinical settings, in an effort to assist its physicians ensure compliance with their statutory and ethical obligations. The Medical Practice Act specifically addressed the circumstances under which tasks may be delegated to an unlicensed person. Section 40-47-30(A) provides, “[A] person may not practice medicine in this State unless the person is twenty-one years of age and has been authorized to do so pursuant to the provisions of this article. Nothing in this article may be construed to: (5) prohibit a licensed physician from delegating tasks to unlicensed personnel in the physician's employ and on the premises if: (a) the task is delegated directly to unlicensed personnel by the physician and not through another licensed practitioner; (b) the task is of a routine nature involving neither the special skill of a licensed person nor significant risk to the patient if improperly done; (c) the task is performed while the physician is present on the premises and in such close proximity as to be immediately available to the unlicensed person if needed; (d) the task does not involve the verbal transmission of a physician's order or prescription to a licensed person if the licensed person requires the order or prescription to be in writing; and (e) the unlicensed person wears an appropriate badge denoting to a patient the person's status. The unlicensed person shall wear a clearly legible identification badge or other adornment at least one inch by three inches in size bearing the person's first name at a minimum and staff position. The identification badge must be worn in a manner so that it is clearly visible to patients at all times.” All or staff where ID Badges S.C. Code Ann. § 40-47-20 (20) states "immediately available" for the purpose of supervising unlicensed personnel means “being located within the office and ready for immediate utilization when needed.” The Board has previously clarified that if a physician is jointly employed by a healthcare entity with an unlicensed person for which the physician has supervisory responsibility, the unlicensed personnel may be considered to be within the physician’s employ for purposes of § 40-47- 30(A)(5), so long as the other requirements set forth therein are satisfied. Although the Board is not concerned about the form of the legal entity jointly employing the supervising physician and the supervised unlicensed personnel, it is most concerned about preservation of the physician’s exercise of his or her clinical judgment. The Board anticipates that a close working relationship exists between the supervising physician and the supervised unlicensed personnel such that the physician will determine in his or her individual judgment which tasks may be delegated appropriately to the unlicensed personnel and, further, confirm that these tasks do not require the special skill of a licensed person, including, but not limited to, a licensed nurse. The Board recognizes that unlicensed personnel may also be supervised by licensed nurses as set forth in the Nurse Practice Act. Specifically, § 40-33-20(61) defines "unlicensed assistive personnel" or "UAP" as “persons not currently licensed by the board as nurses who perform routine nursing tasks that do not require a specialized knowledge base or the judgment and skill of a licensed nurse.

## Less Regulated States

### South Dakota continued

Nursing tasks performed by a UAP must be performed under the supervision of an advanced practice registered nurse, registered nurse, or selected licensed practical nurse. "Section 40-33-42 further provides: (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, the administration of medications is the responsibility of a licensed nurse as prescribed by the licensed physician, dentist, and 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. The Board finds the specific provisions from the Nurse Practice Act informative regarding which tasks require the special skill of a licensed nurse. The Board cautions physicians to consider whether a proposed task is appropriate for delegation to an unlicensed person or whether the special skill of a licensed person is required. Physicians should refrain from delegating any tasks to an unlicensed person that involve either the special skill of a licensed person or pose significant risk to the patient if improperly done. At all times, the supervising physician is responsible for ensuring patient safety. The Board does not license or regulate corporations. However, the Board has well-established expectations concerning the economic relationships within which its licensees may practice. While the economic relationship is not a direct regulatory concern of the Board, the licensee must control the exercise and practice of his or her clinical judgment at all times. The physician's professional judgment must be independently exercised, regardless of the economic relationship or business form involved. Licensees are subject to all provisions of the Medical Practice Act regardless of the economic relationship or corporate form in which they practice. Licensees may not employ or permit unlicensed persons to practice medicine. It is unlawful and unprofessional conduct for a licensee who engages in the practice of medicine to permit an unlicensed person to direct, participate in or interfere with the licensee's practice of medicine. Consequently, licensees should not enter into any agreement or associate themselves with a practice arrangement which permits a person other than a licensed physician to direct, participate in, or interfere with the licensee's practice of medicine and exercise of their independent professional judgment. Licensees should ensure unlicensed personnel are appropriately trained and competent to perform delegated tasks and provide documentation of that to the Board upon request. To the extent the licensee's economic relationship complies with the principles set forth herein and is otherwise authorized by applicable law, it is authorized by the licensing law of this State governing physicians. It is each physician's individual responsibility to ensure that he or she practices only within the lawful scope of practice set forth in the Medical Practice Act and other State law. It is further the responsibility of non-licensees to refrain from any activities which constitute the practice of medicine. As required by law, complaints received by the Board concerning unlicensed practice or other violations of the Medical Practice Act by licensees will be investigated and appropriate disciplinary action or other enforcement action taken as warranted by the individual facts and circumstances. It is the Board's desire to collect only relevant information concerning the physician's economic relationship with third parties necessary to enforce the provisions of the Medical Practice Act.

## Less Regulated States

### Tennessee

This language exempts medical assistants and other unlicensed individuals working in the office of a physician from the licensure requirements of the Physician Assistant Act.

Source - <http://www.aama-ntl.org/docs/default-source/legal/tennessee-delegable-duties.pdf?sfvrsn=4>

On December 4, 2020, Tennessee governor Bill Lee issued Executive Order No. 68: An Order to Facilitate the Continued Response to COVID-19 By Increasing Health Care Resources and Capacity. In part, this order authorizes “medical assistants certified by the American Association of Medical Assistants [to be delegated] tasks that would normally be within the practical nurse scope of practice, including, but not limited to, administration of COVID-19 vaccinations.” Tasks delegable to certified medical assistants “are required to have been ordered and authorized by a Tennessee licensed practitioner with prescriptive authority” and “performed under the supervision of the delegating registered nurse.”

Source - <https://aamalegaleye.wordpress.com/2020/12/11/delegation-of-covid-19-vaccinations-in-tennessee/>

### Utah

Please note the following provisions in the Utah Medical Practice Act:

58-67-102(9)—“Medical assistant” means an unlicensed individual working under the indirect supervision of a licensed physician and surgeon and engaged in specific tasks assigned by the licensed physician and surgeon in accordance with the standards and ethics of the profession.

58-67-305—...[T]he following individuals may engage in the described acts or practices without being licensed under this chapter:...(6) a medical assistant while working under the indirect supervision of a licensed physician and surgeon, to the extent the medical assistant:

- a) is engaged in tasks appropriately delegated by the supervisor in accordance with the standards and ethics of the practice of medicine;
- b) does not perform surgical procedures;
- c) does not prescribe prescription medications;
- d) does not administer anesthesia, anesthesia does not mean a local anesthetic for minor procedural use; and
- e) does not engage in other medical practices or procedures as defined by division rule collaboration with the board;

Tasks which constitute the practice of medicine, or which state law permits only certain licensed health care professionals to perform, however, may not be delegated to unlicensed professionals such as medical assistants.

Source - <http://www.aama-ntl.org/docs/default-source/legal/utah-delegable-duties.pdf?sfvrsn=4>

<http://www.aama-ntl.org/docs/default-source/legal/utah-medical-practice-act-part-1.pdf?sfvrsn=4>

## Less Regulated States

### Virginia

Section 54.1-2901(6) of the Virginia statutes reads, in part, as follows:

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;

Also, please note the following excerpt from the Virginia law:

§54.1-3408. Professional use by practitioners.

U. Pursuant to a specific order for a patient and under his direct and immediate supervision, a prescriber may authorize the administration of controlled substances by personnel who have been properly trained to assist a doctor of medicine or osteopathic medicine, provided the method does not include intravenous, intrathecal, or epidural administration and the prescriber remains responsible for such administration.

Sources - <http://www.aama-ntl.org/docs/default-source/legal/letter-regarding-delegable-duties-in-virginia.pdf?sfvrsn=4>

### Washington

#### SUPERVISION OF MEDICAL ASSISTANTS VIA TELEMEDICINE

Starting April 14, 2021, providers may supervise their medical assistants during a telemedicine visit using interactive audio and video technology. The Legislature recently passed House Bill 1378, enabling this practice.

Before this law, a health care practitioner had to be present on site while a medical assistant was performing tasks associated with a telemedicine visit. Now, physical presence in the same facility is no longer required during a telemedicine visit, so long as the other requirements regarding delegation are met.

Source - <https://content.govdelivery.com/accounts/WADOH/bulletins/2d9d908>

## Less Regulated States

### Washington continued

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

Source - <https://apps.leg.wa.gov/RCW/default.aspx?cite=18.360.050>

### Wisconsin

Section 448.03(2)(e) of the Wisconsin statutes indicates that the law shall not impinge upon the right to practice of:

Any person other than a physician assistant 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.

Source- <http://www.aama-ntl.org/docs/default-source/legal/wi-duties-triage.pdf?sfvrsn=2>

# Least Regulated States

States where there is no law that forbid supervising physicians from delegating to medical assistants through intermediary personnel such as physician assistants, nurse practitioners, registered nurses or allow certain tasks to be performed by Medical assistants.

## Delaware

No language in Delaware statutes or regulations that addresses specifically what tasks physicians are permitted to delegate to medical assistants.

Source - <http://www.aama-ntl.org/docs/default-source/legal/de-delegable-duties.pdf?sfvrsn=4>

## District of Columbia

No language in DC statutes or regulations that addresses what physicians can delegate to medical assistants. Source -

<http://www.aama-ntl.org/docs/default-source/legal/dc-duties.pdf?sfvrsn=18>

## Iowa

Chapter 152, Section 152.1, 6, c of the Iowa statutes reads as follows:

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...and when acting while within the scope of the employer's license.

Source - <https://www.aama-ntl.org/docs/default-source/legal/iowa-delegable-duties5fcbdf4a48406a90a81cff00003b2c18.pdf?sfvrsn=4>

## Louisiana

There is no Louisiana regulation or statute that forbids supervising physicians from delegating tasks to medical assistants through intermediary personnel such as physician assistants, nurse practitioners, or registered nurses. Although the LA Nurse Practice Act and the attendant regulations and policies of the Louisiana Board of Nursing govern what nursing tasks can be delegated by nurses to unlicensed personnel, the LA Medical Practice Act and the attendant regulations and policies of the LA Board of Medical Examiners govern what tasks can be delegated by physicians to unlicensed professionals such as medical assistants working under their supervision in outpatient settings.

Source - <http://www.aama-ntl.org/docs/default-source/legal/la-delegable-duties.pdf?sfvrsn=4>

## Mississippi

There is no language in Mississippi statutes or regulations that addresses what physicians can delegate to medical assistants.

Source - <http://www.aama-ntl.org/docs/default-source/legal/delegable-duties-mississippi.pdf?sfvrsn=4>

## Missouri

There is no language in the Missouri statutes or regulations that addresses what physicians can delegate to medical assistants.

Source - <http://www.aama-ntl.org/docs/default-source/legal/delegable-duties-missouri.pdf?sfvrsn=4>

## Vermont

There is no language in Vermont statutes or regulations that addresses what physicians can delegate to medical assistants.

Source - <http://www.aama-ntl.org/docs/default-source/legal/vermont-delegable-duties.pdf?sfvrsn=4>

## Wyoming

There is no language in Wyoming statutes or regulations that addresses what physicians can delegate to medical assistants.

Source- <http://www.aama-ntl.org/docs/default-source/legal/wyoming-delegable-duties.pdf?sfvrsn=4>