

# Medical assistant scope of practice

## Overview

In a majority of states, medical assistants may perform basic clinical procedures under the direct supervision of a licensed medical practitioner (e.g., physician, podiatrist, and in some cases nurse practitioners and physician assistants). However, the legal framework governing the delegation of clinical tasks to unlicensed assistive personnel varies greatly from state to state. Most states lack laws or regulations specifically addressing the practice of medical assisting. Nevertheless, many states that do not address medical assisting by name have statutes or rules acknowledging a licensed practitioner's authority to delegate clinical tasks to an unlicensed assistant, as long as certain conditions are met.

State laws affecting the scope of medical assisting practice generally fall into one of three categories:

1. Laws that expressly recognize the practice of medical assisting and list some of the specific clinical functions that properly qualified medical assistants may perform<sup>1</sup> (additional details below map);
2. Provisions in state practice acts that preserve the right of licensed practitioners to delegate basic clinical tasks to unlicensed assistants or exempt such assistants' performance of delegated tasks from legal definitions of unauthorized practice, of which, there are generally two types:
  - a. States that explicitly authorize delegation to assistive personnel under specified conditions<sup>2</sup>; and
  - b. States that effectively allow delegation by exempting from licensing requirements and unauthorized practice prohibitions the performance of routine clinical duties by unlicensed personnel under the supervision of a licensed practitioner<sup>3</sup>; or
3. Laws governing licensed practitioners that are totally silent regarding the delegation of clinical tasks to unlicensed personnel<sup>4</sup>.

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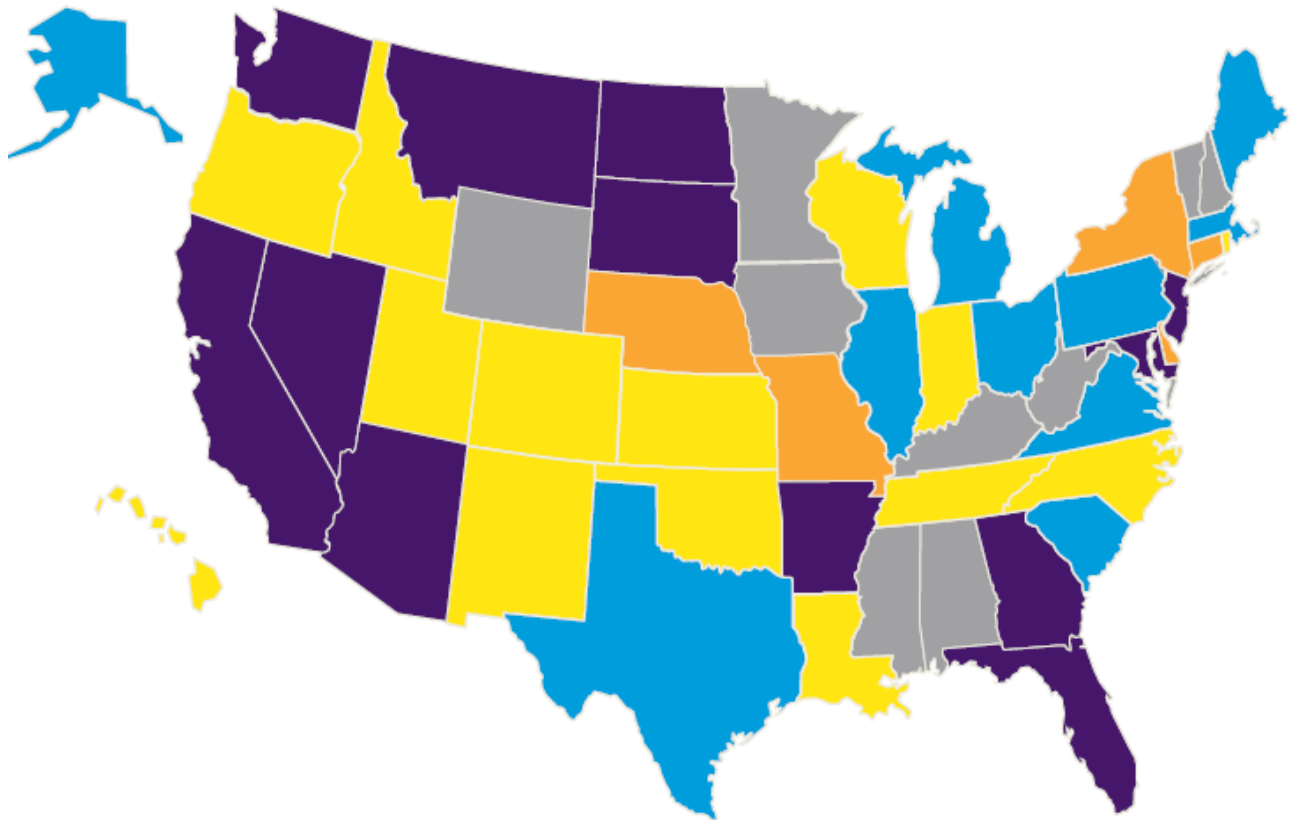
<sup>1</sup> AR, AZ, CA, FL, GA, MD, MT, NJ, NV, SD, WA

<sup>2</sup> AK, IL, MA, ME, MI, OH, PA, SC, TX, VA

<sup>3</sup> CO, HI, ID, IN, KS, LA, NM, NC, OK, OR, RI, TN, UT, WI

<sup>4</sup> CT, DC, MO, NY, NE

## State medical assistant laws



- = State laws/regs expressly recognize MAs
- = State laws/regs generally allow physician delegation to unlicensed assistive personnel
- = State laws/regs exempt unlicensed assistive personnel's performance of delegated tasks from licensure requirements or unauthorized medical practice prohibitions
- = Laws governing licensed practitioners are silent regarding the delegation of clinical tasks to unlicensed personnel

<b>State laws and/or regulations expressly recognize practice of medical assisting</b>	
Arizona	Ariz. Rev. Stat. § 32-1456 (statute); Az. Admin. Code §§ R4-16-401, R4-16-402 (Medical board rule); Az. Admin. Code §§ R4-22-110, R4-22-111 (Osteopathic board rule)
Arkansas	Ark. Code Ann. § 17-95-208 (statute); Regulation 31 (State Medical Board rule)
California	Cal. Bus. & Prof. Code §§ 2069-2071 (statute); 16 C.C.R. §§ 1666-1666.4 (rule)
Florida	Fla. Stat. § 458.3485
Georgia	Ga. Code Ann. § 43-34-44; see also § 43-34-23(f) (preserves physician’s right to delegate tasks to UAPs)
Maryland	Code of Md. Regs. §§ 10.32.12.01–10.31.12.05
Montana	Mont. Code Ann. § 37-3-104 (statute); A.R.M. § 24.156.640 (rule)
New Jersey	N.J. Admin. Code § 13:35-6.4
Nevada	Nev. Rev. Stat. § 454.213(22)
North Dakota	N.D. Admin. Code Ch. 54-07-05 (Nursing board rule)
South Dakota	S.D. Codified Laws §§ 36-9B-1–36-9B-9 (statute)
Washington	Chapter 18.360.005 RCW
<b>State laws and/or regulations generally allow physician delegation to unlicensed assistive personnel</b>	
Alaska	12 Alaska Admin. Code § 40.480(b)
Illinois	225 Ill. Comp. Stat. § 60/54.2 (statute); 68 Ill. Admin. Code § 1285.335(f) (rule).
Massachusetts	243 C.M.R. § 2.07
Maine	32 Me. Rev. Stat. Ann. § 3270-A
Michigan	Mich. Comp. Laws § 333.16215
Ohio	Ohio Admin. Code § 4731-23-02
Pennsylvania	63 Pa. Cons. Stat. § 422.17 (statute); 49 Pa. Code § 18.402 (rule).
South Carolina	S.C. Code Ann. § 40-47-30
Texas	Tex. Occ. Code § 157.001 (General Authority of Physician to Delegate); § 157.002 (Delegation of Admin. of Dangerous Drugs)
Virginia	Va. Code Ann. § 54.1-2901
<b>State laws and/or regulations exempt unlicensed assistive personnel’s performance of delegated tasks from licensure requirements or unauthorized medical practice prohibitions</b>	
Colorado	Colo. Rev. Stat. § 12-36-106
Hawaii	Haw. Rev. Stat. § 453-5.3
Idaho	Idaho Code § 54-1804
Indiana	Ind. Code § 25-22.5-1-2(a)
Kansas	Kan. Stat. Ann. § 65-2872
Louisiana	La. Rev. Stat. § 37:1360.38
New Mexico	N.M. Stat. Ann. § 61-6-17
North Carolina	N.C. Gen. Stat. § 90-18(c)(13)
Oklahoma	59 Okla. Stat. § 492
Oregon	Or. Rev. Stat. § 677.505
Rhode Island	R.I. Gen. Laws § 5-54-3(5)
Tennessee	Tenn. Code Ann. § 63-19-110(b)
Utah	Ut. Code §§ 58-67-305(6); 58-68-305(6); 58-70a-305(2)
Wisconsin	Wis. Stat. § 448.03(2)
<b>Laws governing licensed practitioners are silent regarding the delegation of clinical tasks to unlicensed personnel</b>	
Connecticut	N/A
D.C.	N/A
Missouri	N/A
New York	N/A
Nebraska	N/A

## Authority to take a medical history or assessment

Some of those states that expressly recognize medical assisting have fairly extensive, non-exclusive lists of administrative and clinical duties a MA may perform under supervision of a licensed physician. The clinical tasks mentioned often in states' laws include performing aseptic procedures; venipunctures and non-intravenous injections; collecting routine laboratory specimens; performing basic laboratory procedures; and administering medications as directed by a physician.

A handful of these states expressly mention medical history or assessment. For example:

- Arizona allows MAs to take a medical history, and record a doctor's findings in patient charts and transcribe materials in patient charts and records;
- Florida allows MAs to observe and report patient's signs or symptoms;
- Maryland allows MAs to collect a patient history;
- New Jersey allows "licensees" of a health profession (which includes MAs) to prepare professional treatment records; and
- South Dakota allows MAs to observe and report patients' signs or symptoms; allows MAs to obtain and record patient history.

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