



ATTACHMENT B
Nevada State Health Division
Vaccination Strategies
Medical Assistants
Key State Scope of Practice Laws

ARIZONA

Laws & Regulations – Section R4-16

Arizona Administrative Code

Medical Assistants

<http://www.azmd.gov/Regulatory/MA/index.asp>

R4-16-101. Definitions

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

"Approved **medical assistant** training program" means a program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP); the Accrediting Bureau of Health Education Schools (ABHES); a medical assisting program accredited by any accrediting agency recognized by the United States Department of Education; or a training program designed and offered by a licensed allopathic physician that meets or exceeds any of the prescribed accrediting programs and verifies the entry-level competencies of a **medical assistant** prescribed under R4-16-402(A).

ARTICLE 4. MEDICAL ASSISTANTS

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

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

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

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

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

2. Completes a United States Armed Forces medical services training program.

R4-16-402. Authorized Procedures for Medical Assistants

A. A **medical assistant** may perform, under the direct supervision of a physician or a physician assistant, the medical procedures listed in the 2003 revised edition, Commission on Accreditation of Allied Health Education Program's, "Standards and Guidelines for an Accredited Educational Program for the Medical Assistant, Section (III)(C)(3)(a) through (III)(C)(3)(c)." This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and may be obtained from the publisher at 35 East Wacker Drive, Suite 1970, Chicago, Illinois 60601, www.caahep.org, or the Arizona Medical Board at 9545 E. Doubletree Ranch Road, Scottsdale, AZ 85258, www.azmd.gov.

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

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

CALIFORNIA

**Laws & Regulations - Section 2069
California Business and Professions Code
Medical Assistant**

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=bpc&group=02001-03000&file=2050-2079>

2069. (a) (1) Notwithstanding any other provision of law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist. A **medical assistant** may also perform all these tasks and services in a clinic licensed pursuant to subdivision (a) of Section 1204 of the Health and Safety Code upon the specific authorization of a physician assistant, a nurse practitioner, or a nurse-midwife.

(2) The supervising physician and surgeon at a clinic described in

paragraph (1) may, at his or her discretion, in consultation with the nurse practitioner, nurse-midwife, or physician assistant provide written instructions to be followed by a **medical assistant** in the performance of tasks or supportive services. These written instructions may provide that the supervisory function for the **medical assistant** for these tasks or supportive services may be delegated to the nurse practitioner, nurse-midwife, or physician assistant within the standardized procedures or protocol, and that tasks may be performed when the supervising physician and surgeon is not onsite, so long as the following apply:

(A) The nurse practitioner or nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725, or protocol. The standardized procedures or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner or nurse-midwife, and the facility administrator or his or her designee.

(B) The physician assistant is functioning pursuant to regulated services defined in Section 3502 and is approved to do so by the supervising physician or surgeon.

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

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

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

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

(A) A licensed physician and surgeon.

(B) A licensed podiatrist.

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

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

(c) Nothing in this section shall be construed as authorizing the licensure of **medical assistants**. Nothing in this section shall be construed as authorizing the administration of local anesthetic agents by a **medical assistant**. Nothing in this section shall be construed as authorizing the division to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.

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

(e) Nothing in this section shall be construed as authorizing a **medical assistant** to perform any clinical laboratory test or examination for which he or she is not authorized by Chapter 3 (commencing with Section 1206.5). Nothing in this section shall be construed as authorizing a nurse practitioner, nurse-midwife, or physician assistant to be a laboratory director of a clinical laboratory, as those terms are defined in paragraph (7) of subdivision (a) of Section 1206 and subdivision (a) of Section 1209.

2070. Notwithstanding any other provision of law, a medical assistant may perform venipuncture or skin puncture for the purposes of withdrawing blood upon specific authorization and under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a) of Section 2069, if prior thereto the **medical assistant** has had at least the minimum amount of hours of appropriate training pursuant to standards established by the Division of Licensing. The **medical assistant** shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the training required. A copy of the certificate shall be retained as a record by each employer of the **medical assistant**.

2071. The Division of Licensing shall adopt and administer regulations that establish standards for technical supportive services that may be performed by a **medical assistant**. Nothing in this section shall prohibit the board or division from amending or repealing regulations covering **medical assistants**. The board or division shall, prior to the adoption of any regulations, request recommendations regarding these standards from appropriate public agencies, including, but not limited to, the State Board of

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

FAQs

http://www.mbc.ca.gov/allied/medical_assistants_questions.html

FLORIDA

Laws & Regulations – Section 1285.335(f)

Florida Statute

Regulation of Professions and Occupations Medical Practice

Medical Assistant

http://www.leg.state.fl.us/STATUTES/index.cfm?App_mode=Display_Statute&Search_String=&URL=C0458/SEC3485.HTM&Title=->2009->Ch0458->Section%203485#0458.3485

458.3485 Medical Assistant

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

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

(a) Performing clinical procedures, to include:

1. Performing aseptic procedures.

2. Taking vital signs.
 3. Preparing patients for the physician's care.
 4. Performing venipunctures and nonintravenous injections.
 5. Observing and reporting patients' signs or symptoms.
 - (b) Administering basic first aid.
 - (c) Assisting with patient examinations or treatments.
 - (d) Operating office medical equipment.
 - (e) Collecting routine laboratory specimens as directed by the physician.
 - (f) Administering medication as directed by the physician.
 - (g) Performing basic laboratory procedures.
 - (h) Performing office procedures including all general administrative duties required by the physician.
 - (i) Performing dialysis procedures, including home dialysis.
- (3) CERTIFICATION.--**Medical assistants** may be certified by the American Association of Medical Assistants or as a Registered **Medical Assistant** by the American Medical Technologists.

ILLINOIS

**Laws & Regulations – Section 54
Illinois Medical Practice Act
Physician Delegation of Authority**

<http://www.ilga.gov/commission/jcar/admincode/068/068012850Co3350R.html>

Illinois Medical Practice Act.

Section 54.5. Physician delegation of authority

(d) Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician licensed to practice medicine in all its branches to a licensed practical nurse, a registered professional nurse, or other persons.

MARYLAND

**Laws & Regulations – Section 10.32.12
Code of Maryland Regulation
Delegation of Acts by a Licensed Physician
to an Assistant Not Otherwise Authorized under the Health
Occupations Article or the Education Article**

http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.32.12.*

10.32.12

.01 Scope.

A. This chapter governs the delegation of acts by a physician to an assistant not otherwise authorized under the Health Occupations Article or the Education Article, Annotated Code of Maryland.

B. This chapter may not be construed:

- (1) As establishing the licensure, certification, or registration of assistants;
- (2) To apply to certified, registered, or licensed professionals, or health occupation students acting pursuant to Health Occupations Article, Annotated Code of Maryland; and
- (3) To mean that this chapter overrides or is to be used in lieu of more stringent regulations, policies, and procedures established by State licensure or certification requirements or Board-recognized accrediting agencies.

.02 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Assistant" means an individual to whom only routine technical acts are delegated by a physician and who is:

- (a) Trained as defined in Section B(9) of this regulation and not certified, registered, or licensed by the Board or any other State health occupation board; or
- (b) Certified, registered, or licensed by the Board or any other State health occupation board and is not acting under the authority of that certification, registration, or license granted by a State health occupation board.

(2) "Board" means the Board of Physicians.

(3) "CLIA" means the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Section 263a) and the regulations promulgated under them, and 42 CFR Part 493, Subparts B and M.

(4) "Delegating physician" means a physician possessing an active license to practice medicine in this State who directs an assistant to perform technical acts.

(5) "Direct supervision" means oversight exercised by a delegating physician who is:

- (a) Personally treating the patient; and
- (b) In the presence of the assistant and the patient.

(6) "On-site supervision" means oversight exercised by a delegating physician who is present at the site and able to be immediately available in person during the course of the performance of a delegated act.

(7) "Site" means any facility or location including those defined in Health-General Article, Sections 19-114 and 19-3B-01(b), Annotated Code of Maryland, used for the delivery of health services not covered in this chapter.

(8) "Technical act" means a routine medical or surgical act which does not require medical judgment and is

performed with the supervision as specified within this chapter.

(9) “Trained” means possessing the knowledge, skills, and abilities, as determined by the physician, to perform delegated acts.

.03 Standards for the Delegating Physician.

A. A physician who delegates shall:

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

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

- (1) The expressed consent of the other physician; and
- (2) Informing the assistant.

.04 Scope of Delegation.

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

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

- (1) Surgical technical acts that the delegating physician directly orders while present, scrubbed, and personally performing the surgery in the same surgical field; and
- (2) Nonsurgical technical acts while the assistant is under the physician’s direct supervision or on-site supervision if the assistant performs the act in accordance with procedures of the site.

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

- (1) Without on-site supervision:
 - (a) Patient preparation for physician examination;
 - (b) Patient history interview;
 - (c) Collecting and processing specimens, such as performing phlebotomy and inoculating culture

media;

(d) Preparation of specimens for selected tests including:

(i) Pregnancy tests,

(ii) Dipstick and microscopic urinalysis, and

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

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

(f) Clinical tests such as:

(i) Application of tuberculin skin tests,

(ii) Electrocardiography,

(iii) Administering basic pulmonary function tests; and

(iv) Visual field tests;

(g) Transmitting prescriptions to a pharmacy;

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

(f), Annotated Code of Maryland; and

(i) Preparing and administering oral drugs;

(2) With on-site supervision:

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

(b) Establishing a peripheral intravenous line; and

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

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

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

(1) Conducting physical examinations;

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

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

(4) Dispensing medications;

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

(6) Providing physical therapy.

.05 Prohibited Conduct.

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

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

(2) Subject to all applicable penalties and fines in accordance with Health Occupations Article, Sections 14-602

and 14-607, Annotated Code of Maryland, and COMAR 10.32.02.

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

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

NEW JERSEY

Laws & Regulations – Section 13:35-6.4

New Jersey Board of Medical Examiners

Delegation of administration of subcutaneous and intramuscular injections to certified **medical assistants**

http://aama-ntl.org/resources/library/NJ_13_35_6_4.pdf

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

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

1. “Physician” means a doctor of medicine (M.D.), a doctor of osteopathic medicine (D.O.), or a doctor of podiatric medicine.
2. “Certified **medical assistant**” means a graduate of a post-secondary medical assisting education program accredited by CAHEA (The Committee on Allied Health Education and Accreditation of the American Medical Association), or its successor; ABHES (Accrediting Bureau of Health Education Schools), or its successor; or any accrediting agency recognized by the U.S. Department of Education.

The educational program shall include, at a minimum, 600 clock hours of instruction and shall encompass training in the administration of intramuscular and subcutaneous injections and instruction and demonstration in: pertinent anatomy and physiology appropriate to injection procedures; choice of equipment; proper technique including sterile technique; hazards and complications; and emergency procedures. The **medical assistant** must also maintain current certification from the Certifying Board of the American Association of Medical Assistants (AAMA), the National Center for Competency Testing (NCCT), or registration from the American Medical Technologists (AMT),

or any other recognized certifying body approved by the Board.

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

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

1. The physician has determined and documented that the certified **medical assistant** has the qualifications set forth in (a)2 above and has attained a satisfactory level of comprehension and experience in the administration of intramuscular and subcutaneous injection techniques.

2. The physician shall examine the patient to ascertain the nature of the trauma, disease or condition of the patient; to determine the appropriate treatment of the patient including administration of an injection; to assess the risks of such injection for a given patient and the diagnosed injury, disease or condition; and to determine that the anticipated benefits are likely to outweigh those risks.

3. The physician shall determine all components of the precise treatment to be given, including the type of injection to be utilized, dosage, method and area of administration, and any other factors peculiar to the risks, such as avoidance of administration sites on certain parts of the body. The physician shall assure that this information shall be written on the patient's record and made available at all times to the **medical assistant** carrying out the treatment instructions, who shall also be identified by name and credentials in the patient record on each occasion that an injection is administered.

4. The physician shall remain on the premises at all times that treatment orders for injections are being carried out by the **assistant** and shall be within reasonable proximity to the treatment room and available to observe, assess and take any necessary action regarding effectiveness, adverse reaction or any emergency.

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

(d) The physician shall not direct the administration by a

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

OHIO

Laws & Regulations – Section 4731.23

Ohio Administrative Code

Delegation of Medical Tasks

<http://codes.ohio.gov/oac/4731-23>

Chapter 4731-23 Delegation of Medical Tasks

4731-23-01 Definitions.

As used in Chapter 4731-23 of the Administrative Code:

(A) “Administer” means the direct application of a drug, whether by injection, inhalation, ingestion, or any other means to a person.

(B) “Delegate” means to transfer authority for the performance of a medical task to an unlicensed person.

(C) “On-site supervision” means that the physical presence of the physician is required in the same location (E.G., the physician’s office suite) as the unlicensed person to whom the medical task has been delegated while the medical task is being performed. “On-site supervision” does not require the physician’s presence in the same room.

(D) “Physician” means an individual authorized by Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.

(E) “Task” includes, but is not limited to, the administration of drugs in accordance with this chapter of the Administrative Code.

(F) “Unlicensed person” means an individual who is not licensed or otherwise specifically authorized by the Revised Code to perform the delegated medical task.

(G) “Drug” means the same as in section 4729.01(E) of the Revised Code.

HISTORY: Eff 9-30-01

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 4731.05, 4731.053

Rule amplifies: RC 4731.22, 4731.34

4731-23-02 Delegation of medical tasks.

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

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

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

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

- (1) When the physician has transferred responsibility for the on-site supervision of the unlicensed person who is administering the drug to another physician and that physician has knowingly accepted that responsibility on a patient-by-patient basis; or
- (2) In the routine administration of a topical drug, such as a medicated shampoo.
- (3) When delegation occurs pursuant to section 5126.356 of the Revised Code within the programs and

services offered by a county board of mental retardation and developmental disabilities.

(4) When delegation occurs pursuant to section 5123.193 of the Revised Code.

(5) When written policies and procedures have been adopted for the distribution of drugs by an unlicensed person to individuals incarcerated in state correctional institutions as defined in division (A) of section 2796.01 of the Revised Code, other correctional facilities including county and municipal jails, workhouses, minimum security jails, halfway houses, community residential centers, regional jails and multi-county jails, or any other detention facility as defined in division (F) of section 2921.01 of the Revised Code.

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

(1) Prevent an individual from engaging in an activity performed for a handicapped child as a service needed to meet the educational needs of the child, as identified in the individualized education program developed for the child under Chapter 3323. of the Revised Code;

(2) Prevent delegation from occurring pursuant to section 5126.356 of the Revised Code within the programs and services offered by a county board of mental retardation and developmental disabilities;

(3) Conflict with any provision of the Revised Code that specifically authorizes an individual to perform a particular task;

(4) Conflict with any rule adopted pursuant to the Revised Code that is in effect on the effective date of this section, as long as the rule remains in effect, specifically authorizing an individual to perform a particular task;

(5) Prohibit a perfusionist from administering drugs intravenously while practicing as a perfusionist.

HISTORY: Eff 9-30-01; 5-31-02

Rule promulgated under: RC 119.03

Rule authorized by: RC 4731.05, 4731.053

Rule amplifies: RC 4731.22, 4731.34

R.C. 119.032 review dates: 9/30/2006

4731-23-03 Delegation of medical tasks; Prohibitions.

(A) A physician shall not delegate the practice of medicine as defined in section 4731.34 of the Revised Code unless specifically authorized to do so in the Revised Code or by an administrative rule adopted pursuant to the Revised Code and which became effective prior to April 10, 2001. Nothing in this chapter of the Administrative Code shall prohibit the performance of emergency medical tasks.

(B) A physician shall not delegate a task to an unlicensed person if the task is beyond that person's competence. In a hospital, as defined in section 3727.01 of the Revised Code, or an ambulatory care center affiliated with the hospital (if the center meets the same credentialing, quality assurance, and utilization

review standards as the hospital) wherein unlicensed persons are employed or otherwise authorized by the governing authority of the institution to perform specific medical tasks, one factor the physician shall take into account is the policies by which the employer or the governing authority of the institution seeks to ensure that competent persons will be performing the delegated tasks.

(C) A physician shall not delegate a medical task that is not within the authority of that physician or is beyond the physician's training, expertise, or normal course of practice.

(D) A physician shall not transfer his or her responsibility for supervising an unlicensed person in the performance of a delegated medical task, except to another physician who has knowingly accepted that responsibility.

(E) A physician shall not authorize or permit an unlicensed person to whom a medical task is delegated to delegate the performance of that task to another person.

(F) Except as provided in divisions (D)(4) to (D)(8) of section 4731.053 of the Revised Code, a physician shall not delegate to an unlicensed person the administration of anesthesia, controlled substances, or drugs administered intravenously.

(G) The supervising physician retains responsibility for the manner in which the delegated task is carried out.

HISTORY: Eff 9-30-01; 5-31-02

Rule promulgated under: RC 119.03

Rule authorized by: RC 4731.05, 4731.053

Rule amplifies: RC 4731.22, 4731.34

R.C. 119.032 review dates: 9/30/2006

4731-23-04 Violations.

(A) A violation of any provision of any rule in this chapter of the Administrative Code, as determined by the board, shall constitute "a departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.

(B) A violation of any provision of any rule in this chapter of the Administrative Code that pertains to the administration of drugs, as determined by the board, shall constitute "failure to maintain minimal standards applicable to the selection or administration of drugs," as that clause is used in division (B)(2) of section 4731.22 of the Revised Code.

SOUTH DAKOTA

Laws & Regulations – Section 36-9B

South Dakota Statutes

Medical Assistants

<http://legis.state.sd.us/statutes/DisplayStatute.aspx?Type=Statute&Statute=36-9B>

36-9B-1. **Medical assistant** defined. For the purposes of this chapter, a **medical assistant** is a professional multiskilled person who assists in all aspects of medical practice under the responsibility and direct supervision of a person licensed to practice medicine in the State of South Dakota. A **medical assistant** assists with patient care management, executes administrative and clinical procedures, and performs managerial and supervisory functions over unlicensed personnel.

36-9B-2. Duties. A **medical assistant** under the responsibility and direct supervision of a person licensed to practice medicine in the State of South Dakota may perform the following duties:

- (1) Performing clinical procedures to include:
 - (a) Performing aseptic procedures;
 - (b) Taking vital signs;
 - (c) Preparing patients for examination;
 - (d) Phlebotomous blood withdrawal and nonintravenous injections; and
 - (e) Observing and reporting patients' signs or symptoms;
- (2) Administering basic first aid;
- (3) Assisting with patient examinations or treatment;
- (4) Operating office medical equipment;
- (5) Collecting routine laboratory specimens;
- (6) Administering medications by unit dosage;
- (7) Performing basic laboratory procedures; and
- (8) Performing office procedures including all general administrative duties.

36-9B-3. Registration required. No person may practice as a **medical assistant** unless that person is registered with the Board of Medical and Osteopathic Examiners pursuant to this chapter.

36-9B-4. Application for registration--Renewal--Fees. A **medical assistant** seeking registration under this chapter shall complete an application prescribed by the Board of Medical and Osteopathic Examiners and the Board of Nursing. The application shall be submitted to the Board of Medical and Osteopathic Examiners. A registration fee, not to exceed ten dollars, shall accompany the application and shall be paid to the Board of Medical and Osteopathic Examiners. The fee shall be set by the board by rule promulgated pursuant to chapter 1-26.

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

36-9B-5. Registration by Board of Medical and Osteopathic Examiners. The Board of Medical and Osteopathic Examiners shall register a **medical assistant** following the submission of an application by an applicant for registration who has graduated from an accredited school or a school which meets standards similar to an accredited school and has met other qualifications established by the Board of Medical and Osteopathic Examiners and the Board of Nursing.

An applicant for registration is exempt from the requirements of this section if the application is received by the Board of Medical and Osteopathic Examiners by January 1, 1992.

36-9B-6. Out-of-state applicant. The Board of Medical and Osteopathic Examiners may register an applicant from outside the state whose education and training are substantially the same as that received from an approved school in this state and who meets the other qualifications established by the Board of

Medical and Osteopathic Examiners and the Board of Nursing.

36-9B-7. Promulgation of rules for application and registration. The Board of Medical and Osteopathic Examiners and the Board of Nursing may adopt rules for **medical assistants** in the following areas:

- (1) Contents of applications;
- (2) Qualifications of applicants;
- (3) Approval of schools other than those which are accredited; and
- (4) Renewal of registration.

36-9B-8. Revocation or suspension of registration--Committee. The registration of a **medical assistant** may be revoked or suspended upon violation of any section of this chapter. The proceedings for suspension or revocation of a registration may be initiated by a joint committee comprised of two members of the Board of Medical and Osteopathic Examiners and two members of the Board of Nursing. All proceedings concerning the revocation or suspension of a registration shall conform to contested case procedure set forth in chapter 1-26.

36-9B-9. Hospital privileges. Nothing in this chapter permits a **medical assistant** to provide services in a hospital licensed pursuant to chapter 34-12 unless the hospital has specifically granted such privileges.

VIRGINIA

Laws & Regulations – Section

Virginia Statutes

Practitioner responsibility

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+18VAC85-20-29>

18VAC85-20-29. Practitioner responsibility.

A. A practitioner shall not:

1. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;
2. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or
3. Exploit the practitioner/patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in subdivision A 2 of this section.