

Medical Assistants' Scope of Practice

In a vast majority of states, medical assistants may perform basic clinical procedures under the direct supervision of a licensed medical practitioner (e.g., physician, osteopath, podiatrist, and in some cases physician assistants or nurse practitioners). However, the legal framework governing the delegation of clinical tasks to unlicensed assistive personnel varies greatly from state to state.

While most states still don't have laws or regulations specifically addressing the practice of medical assisting, the number of states with such laws has grown in recent years. Many states that do not address medical assisting by name nevertheless 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:

- Laws that expressly recognize the practice of medical assisting and list some of the specific clinical functions that properly qualified medical assistants may perform;
- 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; or
- Laws governing licensed practitioners of the healing arts that are totally silent in regards to the delegation of clinical tasks to unlicensed personnel.

Chart Summary

- 13 states expressly recognize medical assistants (Arizona, Arkansas, California, Florida, Georgia, Maryland, Montana, Nevada, New Jersey, North Dakota, South Dakota, Utah and Washington).
- 15 states generally allow delegation of tasks to unlicensed assisting personnel (Alabama, Alaska, Illinois, Maine, Massachusetts, Michigan, Minnesota, Mississippi, New Hampshire, Ohio, Pennsylvania, South Carolina, Tennessee, Texas and Virginia). Mississippi's statutes and rules are silent on the matter; however, the State's Attorney General issued an Opinion stating that general delegation of tasks to unlicensed assisting personnel is permitted.
- Of those states that allow general delegation of tasks to unlicensed assisting personnel under the relevant statutes, four states also provide a comprehensive list or guidelines of services that can be delegated (New Hampshire, Pennsylvania, Rhode Island and Washington).
- 14 states exempt unlicensed assisting personnel from licensure requirements or unauthorized practice prohibitions during performance of delegated tasks (Colorado, Hawaii, Idaho, Indiana, Kansas, Louisiana, New Mexico, North Carolina, Oklahoma, Oregon, Rhode Island, Tennessee, Utah and Wisconsin).
- Nine states are silent as to the delegation authority that a licensed physician may have (Connecticut, Delaware, Iowa, Nebraska, New York, Vermont, West Virginia and Wyoming).

- One state (New York) has very limited scope of delegation authority to medical assistants, if any. Medical assistants have struggled to have a scope of practice recognized that matches their training and skill.

Abbreviations

Medical Assistant- MA

Not directly addressed- n/a

The following questions are addressed in the Chart below:

- **Does your state allow delegation to MAs? (“Delegation”);**
- **Can MAs administer immunizations? (“Immunizations”);**
- **Can MAs review & reconcile medications? (“Review & reconcile medications”);**
- **Can MAs make calls to the pharmacy for prescription renewals?(“Prescription refills”);**
- **Can MAs perform medical documentation? (“Documentation”);**
- **Can MAs order entries? (“Order entries”);**
 - As of Jan. 1, 2013, CMS issued a final rule for the Incentive Programs stating that “credentialed medical assistants” are permitted—as specifically directed by the overseeing health care provider—to enter medication, radiology, and laboratory orders into the Computerized Provider Order Entry (CPOE) system and have such entry count toward meeting the meaningful use thresholds under the Incentive Programs. Non-credentialed medical assistants are not permitted to enter orders for meaningful use calculation purposes. It applies to entry of orders under Stage 1 as well as Stage 2 (and, eventually, Stage 3) of the Incentive Programs. “Credentialing for a medical assistant must come from an organization other than the organization employing the medical assistant,” dictates CMS.
- **Can MAs triage calls? (“Triage calls”); and**
 - Six states specifically allow unlicensed personnel to triage calls (Arizona, Florida, Maryland, New Hampshire, Pennsylvania, Washington). For instance, New Hampshire allows for unlicensed personnel to do telephone screening , data collection and symptom documentation.
- **Can MAs follow standing orders? (“Standing orders”).**
 - Two states expressly recognize general delegation of duties to unlicensed assisting personnel via standing orders (California, Illinois). For instance, Illinois statute provides that “delegation ... may be authorized by any means, including, but not limited to, oral, written, electronic, *standing orders*, protocols, guidelines, or verbal orders.”

State	Statute	Recognition	Delegation	Immunizations	Review & reconcile medications	Prescription refills	Documentation	Order entries	Triage calls	Standing orders	Notes
Alabama	Ala.Code 1975 § 34-21-6	None	Yes*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	State Code does not prohibit “carrying out duties necessary for the support of nursing services” Ala. Code § 34-21-6.
Alaska	Alaska Admin. Code tit. 12, § 40.480	Certified	Limited*	Yes*	N/A	N/A	N/A	N/A	N/A	N/A	<p>*Administration of injectable medication under the standards set out in 12 AAC 44.950(a), (c), and (d), and 12 AAC 44.966).</p> <p>Statutes and case law are silent as to the duties that medical assistants may perform.</p> <p>Physicians are prohibited from delegating professional practice responsibilities that require a license or permit under AS 08.64.(12 AAC 40.967).</p> <p>The Board is adopting standards for delegation of routine duties to unlicensed assistive personnel (2012).</p>

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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)	Completion of an approved medical assistant training program, or unapproved program and passage of the medical assistant examination.	Yes	Yes*	Yes	N/A	Yes	Yes	Yes	N/A	* State statute specifically allows for an unlicensed person to “administer Injections.”
Arkansas	Ark. Code Ann. § 17-95-208 (statute); Regulation 31 (State Medical Board rule)	None	Yes. A physician may delegate to an unlicensed MA pursuant to rules adopted by the	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

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			medical board.								
California	Cal. Bus. & Prof. Code §§ 2069-2071 (statute); 16 C.C.R. §§ 1666-1666.4 (rule)	Certification	Yes. Per Business and Professions Code section 2069 (a)(1), a supervising physician and may provide written instructions to be followed by a MA in the performance of tasks or supportive services.	Yes*	N/A	Yes	N/A	N/A	No	Yes	<p>*MA “ may administer venipuncture or skin puncture for the purposes of withdrawing blood upon specific authorization and under the supervision” Cal. Bus. & Prof. Code §§ 2070. MA may also “administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision.” Cal. Bus. & Prof. Code §§ 2069(a)(1). May NOT administer collagen injections, in that 16 CCR section 1366.4 states that MA may inject "medications".</p> <p>See full FAQ for more on MA scope of practice</p>

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Colorado	Colo. Rev. Stat. § 12-36-106	None	Yes. Rule 800 governs the guidelines for delegation.	No	N/A	Yes	Yes	N/A	N/A	N/A	The rendering of services, other than the prescribing of drugs, by persons qualified by experience, education, or training, under the personal and responsible direction and supervision of a person licensed under the laws of this state to practice medicine. § 12-36-106(1).
Connecticut	None Dept. of Labor (31-9092) defines MAs for its purposes	None	Yes/No*	No	N/A	N/A	N/A	N/A	N/A	N/A	<p>It is unlawful for MA to administer medication. Kurz v. Connecticut Med. Examining Bd., CV064018081S, 2008 WL 283357, at *1 (Conn. Super. Ct. Jan. 18, 2008).</p> <p>*Per CT Dept. of Labor, MA may perform administrative and certain clinical duties under the direction of physician, including drawing blood.</p> <p>However, MAs are not identified in Sec.20-9 of the General Statutes to whom duties may be delegated. Specifically, non-delegable duties include medication administration by any route and radiography.</p>
Delaware	None	None	Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

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D.C.	None	None	Yes. What can be delegated is determined by the type of practice, the training and experience of the MA and the availability and supervision of the physician.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Legislation has placed cosmetic treatments, including Botox under the practice of medicine. D.C. is in the process of developing regulations. [CHECK STATUS]
Florida	Fla. Stat. § 458.3485	Yes, may be certified by the AAMA or be Registered MA by the American Medical Technologists	Yes, extensive and non-exclusive duties under the supervision	Yes	N/A	Yes	Yes	Yes	Yes	N/A	

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Georgia	Ga. Code Ann. § 43-34-44; see also § 43-34-23(f) (preserves physician's right to delegate tasks to UAPs)	None	Yes	Yes*	N/A	N/A	N/A	N/A	N/A	N/A	May perform subcutaneous and intramuscular injections. Ga. Code Ann. § 43-34-44
Hawaii	Haw. Rev. Stat. § 453-5.3	None	Yes, to a person who is trained to do only a very limited number of diagnostic or therapeutic procedures under the direction of a physician.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

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			Haw. Rev. Stat. §453-5.3								
Idaho	Idaho Code § 54-1804	None	<p>Yes, delegation to a person administering a remedy, diagnostic procedure or advice as specifically directed by a physician. Idaho Code Ann. § 54-1804</p> <p>Yes as to delegation by a licensed nurse. Idaho Admin. Code r.</p>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

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			23.01.01.010								
Illinois	225 Ill. Comp. Stat. § 60/54.2 (statute); 68 Ill. Admin. Code § 1285.335(f) (rule).	Certification available but not required	Yes*	No	N/A	Yes	Yes	Yes	N/A	Yes	*State statute and rule provide for broad delegation of authority to an unlicensed person who possesses appropriate training and experience. However, acts that require “evaluation, treatment, counseling, and administration of medication cannot be delegated to an unlicensed person.” <u>People v. Stults</u> , 291 Ill. App. 3d 71, 83, 683 N.E.2d 521, 529 (Ill. App. Ct. 2d Dist. 1997).
Indiana	Ind. Code § 25-22.5-1-2(a)	None	Yes, IN allows broad delegation of services to any “employee” not necessarily an MA.*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	* Below is the exception to the practice of medicine: (20) An employee of a physician or group of physicians who performs an act, a duty, or a function that is customarily within the specific area of practice of the employing physician or group of physicians, if the act, duty, or function is performed under the direction and supervision of the employing physician or a physician of the employing group within whose area of practice the act, duty, or function falls. An employee may not make a diagnosis or prescribe a treatment and must report the results of an examination of a patient conducted by the employee to the

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											employing physician or the physician of the employing group under whose supervision the employee is working. An employee may not administer medication without the specific order of the employing physician or a physician of the employing group. Unless an employee is licensed or registered to independently practice in a profession described in subdivisions (9) through (18), nothing in this subsection grants the employee independent practitioner status or the authority to perform patient services in an independent practice in a profession.
Iowa	None	Certification, mentioned in Iowa Admin. Code 641-7.12(22)	Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A	The following info. is posted on Iowa Society of Medical Assistants : “My research has not revealed any language in Iowa statutes or regulations that addresses what physicians can delegate to Certified Medical Assistants® (CMA). Nevertheless, it is my legal opinion that common law principles inherent in state licensure authorize physicians to delegate clinical procedures (including venipuncture, injections, and calling in prescriptions upon the physician's order) to unlicensed allied health personnel such as a CMA if the supervising physician(s) determines that

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											the unlicensed employee is able to perform such procedures safely and efficiently. There is also no Iowa law forbidding a physician from delegating certain intravenous procedures to a competent and knowledgeable CMA if the physician exercises a greater degree of supervision than for other delegated procedures, the physician indicates in writing that the CMA is qualified to undertake such procedure, the CMA has documented training in the specific intravenous procedures, and the malpractice insurance carrier does not object.” information is provided by the American Association of Medical Assistants Executive Director and Legal Counsel, Donald A. Balasa, JD, MBA
Kansas	Kan. Stat. Ann. § 65-2872	None	Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Kentucky	None	None	Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Louisiana	La. Rev. Stat. § 37:1360.38	None	Yes, but the extent or scope of delegation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

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			is unknown								
Maine	32 Me. Rev. Stat. Ann. § 3270-A Me. Rev. Stat. tit. 32, § 3270-A	A training program approved by the Board of Licensure in Medicine and a competency examination.	Yes. Physicians may delegate to employees, licensed or not, anything for which they are willing to accept legal responsibility.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Maryland	Code of Md. Regs. §§ 10.32.12.01 – 10.31.12.05	Unknown	Yes. A. A physician who delegates shall: (1) Evaluate the risk to	Yes	Yes	Yes, including new prescriptions,	Yes	Yes	Yes	N/A	Physicians may delegate a host of relatively sophisticated clinical tasks to MAs with “on-site” supervision, including administering small doses of local anesthetics. Some tasks do not require

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			<p>the patient and the outcome of the delegated acts;</p> <p>(2) Delegate only those technical acts* that are customary to the practice of the supervising physician;</p> <p>(3) Delegate only those technical acts for which the assistant has been trained;</p>			Code of Md. Regs. §§ 10.32.1 2.04.D(g)					<p>direct or on-site supervision. See, Code of Md. Regs. § 10.31.12.04</p> <p>* “Technical act” is defined as a routine medical or surgical act which does not require medical judgment and is performed with the supervision as specified within this chapter. COMAR 10.32.12.02</p>

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			<p>(4) Be responsible for the acts of the assistant; and</p> <p>(5) Supervise the assistant.</p> <p>B. The responsibility for the delegated act cannot be transferred from the delegating physician to another physician without:</p> <p>(1) The expressed consent of the other</p>								

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			physician; and (2) Informing the assistant. COMAR 10.32.12.03								
Massachusetts	243 CMR 2.07	None	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	The regulations may not trump specific statutes that limit who may do certain things. For example, administration of medication must be by licensed personnel by law. This means no injections, no handing of pills to the patient etc. Use of radiation, x-ray etc. must be by licensed rad techs.
Michigan	M.C.L.A. 333.16215	None	Yes, broad delegation under the supervision of a physician	Yes, under the direction of a physician	N/A	N/A	N/A	N/A	N/A	N/A	

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				M.C.L.A. 333.9204							
Minnesota	None	None	Yes, if that person is qualified and practicing within the scope of that person's delegated authority. M.S.A. § 147.091	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Mississippi	None	None	Yes*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Office of the MS Atty General issued the following Opinion: "A physician could delegate certain procedures to competent medical auxiliary personnel as he may direct while acting under his immediate supervision and direction and under which he would be charged with full responsibility, except those procedures which require the professional judgment and skill of the physician as defined in

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											Miss. Code Ann. § 73-25-33” 1974 WL 31611, at *1 (W.D. Tex. May 28, 1974).
Missouri	None	None	None								
Montana	MCA 37-3-104, and Mont.Admin.R. 24.156.640	Accreditation or possess experience	Yes*, shall be routine, technical tasks for which the MA has been appropriately trained. MA cannot re-delegate the tasks. Patients must be informed that the MA is performing the tasks, and MA shall wear a name badge specifically stating	Yes, any other injections are prohibited	N/A	N/A	N/A	N/A	N/A	N/A	* Not all delegated tasks to MAs require onsite supervision so long as the physician or podiatrist is available for consultation.

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			“medical assistant.”								
Nebraska	None	None	N/A *	N/A	N/A	N/A	N/A	N/A	N/A	N/A	“The duty of care owed by a physician is nondelegable... As a result of a nondelegable duty, the responsibility or ultimate liability for proper performance of a duty cannot be delegated, although actual performance of the task required by a nondelegable duty may be done by another.” <u>Swierczek v. Lynch</u> , 237 Neb. 469, 482 (1991).
Nevada	N.R.S. 454.213, NRS 630.0129	None	Yes, at the direction and under the supervision of a physician or physician assistant	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
New Hampshire	None	Graduate of an accredited Medical Assistant program preferred.	Yes, see comprehensive list of specific tasks that can be	Yes, but no narcotic injections or IV	Yes	Yes	Yes	Yes	Yes, telephone screening /data	N/A	- There is a category under the Board of Nursing for a “licensed nursing assistant” and they can get a special certification for medication administration. They work under the supervision of RNs & NPs.

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		Must possess BLS authorization upon employment in position and maintain during employment	delegated to MAs						collection and symptom documentation is fine to delegate		-
New Jersey	N.J.A.C. 13:35-6.4	Specific Certification requirements	Yes, MA must wear a badge identifying credentials	Yes*, by certified MA only with onsite supervision	N/A	N/A	N/A	N/A	N/A	N/A	* The following injections shall not be administered by a certified MA: 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
New Mexico	N. M. S. A. 1978, § 61-6-17 N.M. Admin.	Certification	Yes, See statute 66-6-17(I). Physicians have considerable	N/A	N/A	N/A	N/A	N/A	N/A	N/A	* Special guidelines exist for delegated use of devices and procedures by MAs, cosmetic injections. Medical therapeutic and cosmetic devices may only be used by a medical assistant who is certified pursuant to Subsection D of 16.10.13.7

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	Code § 16.10.13		e discretion. *								NMAC and when the supervising physician is immediately available on the premises. Physician must abide by the reporting requirements. See, N.M. Admin. Code § 16.10.13 •
New York	None	None	Generally No, delegation of very limited scope of functions may be permitted	No	N/A	N/A	N/A	N/A	No	N/A	MAs have struggled to have a scope of practice recognized that matches their training and skill. Legislative efforts to license MAs have been met with significant resistance from the nurses' association.
North Carolina	N.C.G.S.A. § 90-18	None	Yes, delegation of functions that are permitted by law or established by custom.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
North Dakota	N.D. Admin.	RMA(AMT) or	Unknown	No delegati	N/A	No, Receivi	N/A	No, Receiv	No	N/A	

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	Code Ch. 54-07- 03.1 and 54-07-05-07	CMA(AAMA) certification		on by a physician. Delegation of injections is within the exclusive purview of the nursing profession.		ng or transmitting verbal or telephone orders is specifically prohibited. See, N.D. Admin. Code Ch. 54-07-03.1-03.1(10)		ing or transmitting verbal or telephone orders is specifically prohibited. See, N.D. Admin. Code Ch. 54-07-03.1-03.1(10)			
Ohio	Ohio Admin. Code § 4731-23-02	None	Yes, but MA is prohibited from re-delegating the task to	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

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			another person. Comprehensive regulations governing the delegation of medical tasks.								
Oklahoma	59 Okl.St. Ann. § 492	None	Yes. Oklahoma allows delegation of medical services to any unlicensed trained person in a doctor's office.*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	* Nothing in the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall prohibit the service rendered by a physician's unlicensed trained assistant, if such service is rendered under the supervision and control of a licensed physician pursuant to Board rules, provided such rules are not in conflict with the provisions of any other healing arts licensure act or rules promulgated pursuant to such act.
Oregon	Or. Rev. Stat. § 677.505	None	Yes, the scope of delegation is unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A	The legal provision allowing a physician to assign tasks to an unlicensed assistant does not appear in the medical practice act, but in the Physician Assistant Act.

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Pennsylvania	49 Pa. Code § 18.402; 63 P.S. § 422.17	None	Yes, comprehensive delegation authority	N/A	N/A	N/A	N/A	N/A	N/A	Yes, delegating medical acts pursuant to a standing protocol to another health care practitioner who encounters a medical emergency that requires medical services for stabilization until the medical doctor or emergency medical services	

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										personnel are available to attend to the patient. See, 49 Pa. Code § 18.402(e)	
Rhode Island	Gen.Laws 1956, § 5-54-3	Accreditation, certification, registration or on-the-job training. Generally, an MA is qualified by education, experience, and competency demonstration. MAs that are accredited, certified or registered	Yes, with supervision.* Delegation to the MAs is addressed through the comprehensive Guidelines issued by the RI Board of Nurses.	Yes, but only by certified or registered MAs, or MAs that demonstrated competency that is further verified and maintained in a	Yes	Yes, but all MAs are prohibited from calling in prescriptions for schedule 2 – 5 medications.	Yes	N/A	No	N/A	* MAs should have a written supervisory agreement further describing the MA's individual scope of practice and identifying the supervising physician who carries ultimate responsibility for the MA's actions.

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		may be allowed a broader scope of practice.		training record. All MAs are prohibited from administering intravenous injections of any kind.							
South Carolina	Code 1976 § 40-47-30	None	Yes*, but only a physician can delegate.	N/A	N/A	Yes as to verbal transmissions only. See, S.C. Code Ann. § 40-47-30(5)(d)	N/A	N/A	N/A	N/A	The MA must wear appropriate badge denoting to a patient the person's status. The badge must be at least one inch by three inches in size bearing the person's first name at a minimum and staff position.

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South Dakota	SDCL § 36-9B-1, 2 and 3	Must be certified (CMA) or registered (RMA). The CMA is awarded by the Certifying Board of the American Association of Medical Assistants organization; the RMA is given by the American Medical Technologists.	Yes, with onsite supervision by a physician or by a physician's assistant, nurse practitioner, or nurse midwife.	Yes as to Phlebotomous blood withdrawal and nonintra venous injections.*	N/A	Yes	N/A	Yes	N/A	N/A	<p>Administration of medication:</p> <ul style="list-style-type: none"> a. Does not include injection of insulin; b. Does not include arterial withdrawal of blood, but does include venous withdrawal of blood; c. Does include administration of medications by unit dose, which means medication prepared in the exact amount, in an individual packet, for a specific patient. <p>Additional info. is available in the online FAQ</p>
Tennessee	T. C. A. § 63-13-207; T. C. A. § 63-19-110	None	Yes	No	N/A	N/A	N/A	N/A	N/A	N/A	
Texas	V.T.C.A., Occupations Code §	None	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes, See, a comprehe	

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	157.001, 002, and 005; 22 TAC § 193.4									nsive list of tasks that can be delegated through standing orders, 22 TAC § 193.4	
Utah	U.C.A. 1953 § 58-67-305; U.C.A. 1953 § 58-68-305; 1953 § 58-70a-305; 1953 § 58-67-102; 1953 § 58-68-102	None	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Vermont	None	None	Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Virginia	VA Code Ann. § 54.1-2901; 54.1-3408 ; Regs.	None	Yes*	No	N/A	N/A*	N/A	N/A	N/A	N/A	* N/A- Absent direct permission but with broad, undefined authority to delegate tasks to MAs, the US Bureau of Labor Statistics <i>Occupational Outlook</i>

State	Statute	Recognition	Delegation	Immunizations	Review & reconcile medications	Prescription refills	Documentation	Order entries	Triage calls	Standing orders	Notes
	18VAC85-20-29, pursuant to Statutory Authority: § 54.1-2400 and Chapter 29 of Title 54.1 of the Code of Virginia										<p><i>Handbook, 2008-09 Ed.</i> may be used as a proper guide, which states that MAs may call-in prescriptions. .</p> <p>* See guidance provided by the AAMA relevant to the scope of delegation.</p>
Washington	RCWA 18.360.010 and 050	Certification (higher qualification) or registration (lower qualification) under RCW 18.360.040. The distinction between MA-certified and MA-registered is further blurred, in that these recognitions	Yes. See a comprehensive list of tasks that may be delegated to the MAs.(18.360.050) Physicians, doctors of osteopathy, and (to the extent acting within the scope of their	Yes*	Yes*	N/A	N/A	N/A	Yes*, but “ limited to intake and gathering of information without requiring the exercise of judgment based	N/A	<p>* These delegated tasks may only be performed by certified or registered MAs. Medical assistant-registered do not meet all the qualification requirements of the certified category but whose supervising physician attests that the MA-registered is competent to perform basic clinical procedures. MA-registered scope of practice is limited.</p>

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		are not related to the private, volunteer credentialing through the AAMA certification or through the registration by the AMT.	respective licensure) podiatrists, RNs or APRNs, naturopaths, PAs, and optometrists can delegate to MAs.						on clinical knowledge.”		
West Virginia	None	None	Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Wisconsin	W.S.A. 448.03(e) and (k)	None	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Wyoming	None	None	Unknown	Yes, through case law (<u>Beavis ex rel. Beavis v. Campbell County</u>)	N/A	N/A	N/A	N/A	N/A	N/A	

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				<u>Mem'l Hosp.</u> , 2001 WY 32, ¶ 28 (Wyo. 2001)							