STATE OF NEVADA LEGISLATIVE COUNSEL BUREAU

LEGISLATIVE BUILDING

401 S. CARSON STREET

CARSON CITY, NEVADA 89701-4747 Fax No.: (775) 684-6600

LORNE J. MALKIEWICH, Director (775) 684-6800



LEGISLATIVE COMMISSION (775) 684-6800 JOHN OCEGUERA, Assemblyman, Chairman Lorne J. Malkiewich, Director, Secretary

INTERIM FINANCE COMMITTEE (775) 684-6821

BERNICE MATHEWS, Senator, Co-Chair STEVEN HORSFORD, Senator, Co-Chair Gary L. Ghiggeri, Fiscal Analyst Mark W. Stevens, Fiscal Analyst

BRENDA J. ERDOES, Legislative Counsel (775) 684-6830 PAUL V. TOWNSEND, Legislative Auditor (775) 684-6815 DONALD O. WILLIAMS, Research Director (775) 684-6825

MEMORANDUM

DATE:

November 2, 2009

TO:

Senator Valerie Wiener, Chairperson and Members of the Legislative

Committee on Health Care

FROM:

Marsheilah Lyons, Principal Research Analyst

Research Division

SUBJECT:

Regulating Medical Assistants in Other States

This memorandum is in response to your request for information concerning the regulation of medical assistance in other states. The vast majority of states do not regulate medical assistance specifically, but rather address physician delegation to non licensed personnel in general. In many instances the supervising physician's malpractice insurance carrier requires that the medical assistant be certified by a national or private association.

MEDICAL ASSISTANT SCOPE OF PRACTICE LAWS

Following are summaries of states that have specific language pertaining to medical assistant's scope of practice. The information was gathered with the assistance of Donald A. Balasa, Executive Director and Legal Counsel, American Association of Medical Assistants (www.aama-ntl.org).

Arizona

Pursuant to Arizona Administrative Code: R4-16-401, a supervising physician or physician assistant is required to ensure that medical assistants meet certain training requirements before they are employed. The medical assistant may have completed an approved training program or an unapproved training program if they successfully pass the medical assistant examination administered by either the American Association of Medical Assistants or the American Medical Technologists. Additionally certain persons are exempt from these requirements.

EXHIBIT BB - HEALTH CAREMeeting Date: 11-04-09
Document consists of 7 pages.
Entire Exhibit provided.

Arizona also specifically authorizes in *Arizona Administrative C*ode R4-16-402 various procedures medical assistants may perform, under the direct supervision of a physician or a physician assistant, including:

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

California

Medical assistants are <u>unlicensed</u> individuals who perform non-invasive routine technical support services under the supervision of a licensed physician and surgeon or podiatrist in a medical office or clinic setting. The supervising physician and surgeon or podiatrist <u>must</u> be on the premises in order for the medical assistant to perform those non-invasive technical support services. The only exception is outlined in Business and Professions Code, Section 2069 (a) (1) and Health and Safety Code 1204(a) which applies only to licensed "community clinics" or "free clinics."

Medical assistants may obtain "certified" status through private agencies approved by the Medical Board of California.

Prior to performing technical supportive services, a medical assistant shall receive training, as necessary, in the judgment of the supervising physician, podiatrist or instructor to assure the medical assistant's competence in performing that service at the appropriate standard of care.

Such training shall be administered in either of the following settings: 1) Under a licensed physician or podiatrist, or under a registered nurse, licensed vocational nurse, a physician assistant or a qualified medical assistant, or 2) in a secondary, post secondary, or adult

education program in a public school authorized by the Department of Education, in a community college program provided for in the Education Code, or a post secondary institution accredited or approved by the Bureau for Private Postsecondary and Vocational Education in the Department of Consumer Affairs.

To administer medications by intramuscular, subcutaneous and intradermal injections, to perform skin tests, or to perform venipuncture or skin puncture for the purposes of withdrawing blood, a medical assistant shall complete the minimum training prescribed in the regulations. Training shall be for the duration required by the medical assistant to demonstrate to the supervising physician, podiatrist, or instructor, as referenced in 16 *CCR* Section 1366.3 (a)(2), proficiency in the procedures to be performed as authorized by section 2069 or 2070 of the code, where applicable, but shall include no less than:

- 10 clock hours of training in administering injections and performing skin tests, and/or
- 10 clock hours of training in venipuncture and skin puncture for the purpose of withdrawing blood, and
- Satisfactory performance by the trainee of at least 10 each of intramuscular, subcutaneous, and intradermal injections and 10 skin tests, and/or at least 10 venipuncture and 10 skin punctures.
- For those only administering medicine by inhalation, 10 clock hours of training in administering medical by inhalation.
- Training in (a) through (d) above, shall include instruction and demonstration in:
 - ✓ pertinent anatomy and physiology appropriate to the procedures;
 - ✓ choice of equipment;
 - ✓ proper technique including sterile technique;
 - ✓ hazards and complications;
 - ✓ patient care following treatment or tests;
 - ✓ emergency procedures; and
 - ✓ California law and regulations for medical assistants.

In every instance, prior to administration of medicine by a medical assistant, a licensed physician or podiatrist, or another appropriate licensed person shall verify the correct medication and dosage. The supervising physician or podiatrist must authorize any technical supportive services performed by the medical assistant and that supervising physician or podiatrist must be physically present in the treatment facility when procedures are performed, except as provided in section 2069(a) of the code.

Florida

Florida Statutes 458.3485 defines medical assistant, outlines their duties, and addresses certification.

Following are the duties authorized pursuant to Florida Statutes:

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.

Maryland

The Code of Maryland Regulations: 10.32.12 includes information concerning the scope governed by the chapter, pertinent definitions, and standards for the delegating physician, scope of delegation, and prohibited conduct.

Within the scope of delegation, physicians are prohibited from delegating to 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 Occupation Article and the Education Article, *Annotated Code of Maryland*. However, physicians may delegate technical acts consistent with national standards in the medical community and the approved policies and procedures of the sites for the deliver of the heal services in specific categories.

The regulations further denotes the scope of delegation at sites that are included in the Health-General Article, Sections 19-114 and 19-3B-01(b), *Annotated Code of Maryland* (i.e. health care facilities) and those not included.

At sites not included in the Health General Article noted above, the regulations outline specific technical acts that may be delegated, following specified levels of supervision. For example:

- Without on-site supervision physicians' may delegate: patient preparation for physician examination; patient history interviews; collecting and processing certain specimens; preparing and administering oral drugs.
- With on-site supervision physicians may delegate: preparation and administering certain types of injections, and establishing a peripheral intravenous line.
- With direct supervision, injecting intravenous drugs or contrast materials may be delegated to an assistant.

New Jersey

New Jersey Administrative Code 13:35-6.4 authorizes the delegation of administration of subcutaneous and intramuscular injections to certified medical assistants, under certain circumstances. A "certified medical assistant" is defined as a graduate of a post-secondary medical assisting education program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association or its successor; Accrediting Bureau of Health Education Schools, or its successor; or any accrediting agency recognized by the U.S. Department of Education.

Ohio

Ohio Administrative Code: 4731-23 provides for the delegation of medical tasks. Specifically, physicians are authorized to delegate certain medical tasks after making certain determinations, such as the task is within the physicians authority, no law prohibits the delegation, the person to whom the task is being delegated is competent to perform the task, etcetera. With certain

exceptions a physician that delegates the administration of drugs, must provide on-site supervision. The regulations also indicate prohibitions with regard to the delegation of medical tasks and violations of the provision of the regulations.

South Dakota

South Dakota Codified Laws 36-9B relate to medial assistants. This chapter defines medical assistants, outlines their duties, and the requirments and process for medical assistants to register.

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.

In addition, the law prohibits individuals from practicing as a medical assistant unless they are registered with the Board of Medical and Osteopathic Examiners. The Board of Medical and Osteopathic Examiners is required to 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 preceding requirements if the application is received by the Board of Medical and Osteopathic Examiners by January 1, 1992.

CONCLUDING REMARKS

Attached are two documents additional documents concerning medical assistants:

- 1. Occupational Analysis of the CMA (AAMA), AAMA 2007-2008, American Association of Medical Assistants; and
- 2. Commission on Accreditation of Allied Health Education Programs, Standards and Guidelines for the Accrediting of Educational Programs in Medical Assisting.

I trust that this information will assist in your review of medical assistants in Nevada. Please feel free to contact me if I can provide additional information. I may be reached at (775) 684-6825.

MDL/st:LCHC, E110409 Enc.

ⁱ Medical Board of California: Medical Assistants—Frequently Asked Questions. (http://www.mbc.ca.gov/allied/medical assistants questions.html#3)