**Scope of Practice for Medical Assistants under Virginia Law**

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Medical assistants continue to be in high demand throughout the United States. Medical assisting scope of practice is determined primarily by state law. This paper will explain the scope of practice for medical assistants under Virginia law.

**Medical assisting scope of practice under Virginia law**

Medical assistants are not mentioned by name in Virginia law. Medical assistants are classified as “personnel supervised by [physicians, nurse practitioners, and physicians]” under Virginia law.

Note the following excerpt from the Virginia statutes:

Excerpt from Virginia statutes: § 54.1-2901. Exceptions and exemptions generally.

A. The provisions of this chapter shall not prevent or prohibit:……

6. Any practitioner licensed or certified by the [Virginia] Board [of Medicine] [that includes nurse practitioners and physician assistants] 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;

*(Note: APRNs are jointly licensed by the VA Board of Medicine and the VA Board of Nursing.)*

Excerpt from Virginia statutes: § 54.1-3408. (Effective January 1, 2022) Professional use by practitioners.

A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2907.04, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.

……

U. Pursuant to a specific order for a patient and under his direct and immediate supervision, a prescriber (e.g., MD, DO, DPM, DMD/DDS, DVM, NP, PA, etc.] 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.

**Virginia Drug Control Act**. § 54.1-3401. Definitions. “"Controlled substance" means a drug, substance, or immediate precursor in Schedules I through VI of this chapter. The term shall not include distilled spirits, wine, malt beverages, or tobacco as those terms are defined or used in Title 3.2 or Title 4.1. The term "controlled substance" includes a controlled substance analog that has been placed into Schedule I or II by the Board pursuant to the regulatory authority in subsection D of § 54.1-3443.

Schedule VI—"Any drug, not included in Schedules I, II, III, IV or V, required by federal law to bear on its label prior to dispensing, at a minimum, the symbol ‘Rx only’"……[Essentially, anything that is not over-the-counter is a controlled substance.]

**General legal principles**

* It is not permissible for medical assistants to perform tasks that constitute the practice of medicine, or require the skill and knowledge of physicians or other licensed providers;
* It is not permissible for medical assistants to perform tasks that are restricted in state law to other health professionals—often licensed health professionals (e.g., physical therapists);
* It is not permissible for medical assistants to perform tasks that *require the exercise of independent clinical judgment, and/or* ***the making of clinical assessments****, evaluations, or interpretations*;
* Medical assistants must not be delegated (and must not perform) any tasks for which they are not sufficiently knowledgeable and competent;

A. To formulate a legal opinion on whether a particular task is delegable to medical assistants when state law does not address the legality or when state law is ambiguous, I first determine whether a medical assistant performing the task would violate any of the four bullet points immediately above.

B. I then evaluate whether the task is *usually and customarily* delegated to medical assistants in the state and in other states.

C. I also determine whether the task is contained in the “Core Curriculum” of the current CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting* [*Standards*].

The following tasks are included in the “Core Curriculum” of the CAAHEP *Standards*. Students must demonstrate proficiency in these tasks to graduate from a CAAHEP-accredited medical assisting program:

* Measuring vital signs
* Performing electrocardiography
* Performing venipuncture
* Performing pulmonary function testing
* Calculating proper dosages of medication for administration
* Administering oral and parenteral (excluding IV) medications
* Obtaining specimens and performing CLIA-waived tests
* Performing wound care
* Performing dressing changes