

Scope of Practice for Medical Assistants under Ohio 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 Ohio law.

Physician Delegation

As is the case with the laws of many American jurisdictions, Ohio law classifies medical assistants as “**unlicensed persons.**” The following is an excerpt from the Ohio Administrative Code (OAC) (State Medical Board of Ohio) addressing physician delegation to unlicensed persons such as medical assistants:

Rule 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, a routine medical service not requiring the special skills of a licensed provider.

(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 division (E) of section [4729.01](#) of the Revised Code.

Rule 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.*

(Note that the italicized language reflects the legal principle of “ordinary and customary” which is found in the laws of other states in various contexts.)

(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. ...

Rule 4731-23-03 | Prohibitions...

... a physician shall not delegate to an unlicensed person the administration of anesthesia, controlled substances, or drugs administered intravenously.

APRN and PA Delegation

Ohio law permits Advanced Practice Registered Nurses (APRNs), including nurse practitioners, and physician assistants (PAs) to delegate to knowledgeable and competent unlicensed personnel such as medical assistants the administration of medication as long as certain conditions are met. Note the following from the Ohio nursing statute:

Section 4723.489 | Delegated authority to administer drugs.

A person not otherwise authorized to administer drugs may administer a drug to a specified patient if all of the following conditions are met:

- (A) The authority to administer the drug is delegated to the person by an advanced practice registered nurse who is a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner and holds a license issued under section 4723.42 of the Revised Code.
- (B) The drug is not listed in the formulary established in rules adopted under section [4723.50](#) of the Revised Code, is not a controlled substance, and is not to be administered intravenously.
- (C) The drug is to be administered at a location other than a hospital inpatient care unit, as defined in section [3727.50](#) of the Revised Code; a hospital emergency department or a freestanding emergency department; or an ambulatory surgical facility, as defined in section [3702.30](#) of the Revised Code.
- (D) The person has successfully completed education based on a recognized body of knowledge concerning drug administration and demonstrates to the person's employer the knowledge, skills, and ability to administer the drug safely
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- (F) The advanced practice registered nurse is physically present at the location where the drug is administered.

Initiating IVs

The State Medical Board of Ohio issued a letter stating that unlicensed personnel such as medical assistants are not permitted to initiate IVs.