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# Key Scope of Practice Legislation Is Enacted in Connecticut and South Carolina

For many decades Connecticut law forbade medical assistants from administering injections. Ambiguity arose during the last five years over whether South Carolina law permitted nurse practitioners and physician assistants to delegate to medical assistants the administration of injections. Thanks to bills passed by the Connecticut and South Carolina legislatures during the latter half of May 2022, medical assistants will soon be able to administer vaccinations in Connecticut and be delegated injections in South Carolina by not only physicians but also advanced practice registered nurses (including nurse practitioners) and physician assistants.

## Connecticut

The Connecticut legislation defines *clinical medical assistants* as those who (1) hold a medical assisting credential and (2) have graduated from a medical assisting program. The following is the language from the enacted bill “An Act Concerning the Department of Public Health’s Recommendations Regarding Various Revisions to the Public Health Statutes”:

Sec. 47. (NEW) (*Effective October 1, 2022*)

(a) For purposes of this section, “clinical medical assistant” means a person who (1) (A) is certified by the American Association of Medical Assistants, the National Healthcareer Association, the

National Center for Competency Testing or the American Medical Technologists, and (B) has graduated from a postsecondary medical assisting program ... that is accredited by the Commission on Accreditation of Allied Health Education Programs, the Accrediting Bureau of Health Education Schools or another accrediting organization recognized by the United States Department of Education, or (ii) offered by an institution of higher education accredited by an accrediting organization recognized by the United States Department of Education and that includes a total of seven hundred twenty hours, including one hundred sixty hours of clinical practice skills, including, but not limited to, administering injections, or (2) has completed relevant medical assistant training provided by any branch of the armed forces of the United States.<sup>1</sup>

The Connecticut bill specifies that clinical medical assistants may administer vaccines when they are under the “supervision, control, and responsibility”<sup>1</sup> of a physician, physician assistant, or advanced practice registered nurse (including a nurse practitioner). Clinical medical assistants are allowed to administer vaccines “in any setting other than a hospital setting.”<sup>1</sup> In addition to the medical assisting education specified above, clinical medical assistants must have specific training regarding administering a vaccine:

(b) A clinical medical assistant may administer a vaccine under the supervision, control and responsibility of a physician licensed pursuant to chapter 370 of the gen-

eral statutes, a physician assistant licensed pursuant to chapter 370 of the general statutes or an advanced practice registered nurse licensed pursuant to chapter 378 of the general statutes to any person in any setting other than a hospital setting. Prior to administering a vaccine, a clinical medical assistant shall complete not less than twenty-four hours of classroom training and not less than eight hours of training in a clinical setting regarding the administration of vaccines.<sup>1</sup>

## South Carolina

The newly enacted South Carolina legislation<sup>2</sup> will go into effect July 15, 2022. It defines a *certified medical assistant* as a person who has graduated from an accredited, postsecondary medical assisting education program and who is currently certified.<sup>2</sup> The program must include courses in “anatomy and physiology, medical terminology, pharmacology, medical laboratory techniques, and clinical experience.”<sup>2</sup> A certified medical assistant “must maintain current certification from the certifying board of the American Association of Medical Assistants, the National Center for Competency Testing, the National Certification Medical Association, American Medical Technologists, or any other recognized certifying body approved by the Board of Medical Examiners.”<sup>2</sup>

The South Carolina bill contains a grace period for medical assistants who are “cur-

rently employed ... as of the effective date of this act who do not have the certification required by this SECTION but who achieve such certification no later than two years after the effective date of this act.”<sup>2</sup>

Certified medical assistants are differentiated from unlicensed assistive personnel in the South Carolina legislation:

‘Unlicensed assistive personnel’ or ‘UAP’ are persons not currently licensed by the board as nurses, or persons who are not certified medical assistants as defined in Section 40-33-20( ) [sic], who perform routine nursing tasks that do not require a specialized knowledge base or the judgment and skill of a licensed nurse. Nursing tasks performed by a UAP must be performed under the supervision of a physician, physician assistant, an advanced practice registered nurse, registered nurse, or selected licensed practical nurse. Unlicensed assistive personnel must not administer medications except as otherwise provided by law.<sup>2</sup>

The South Carolina legislation authorizes physicians, physician assistants, and advanced practice registered nurses to delegate to certified medical assistants the administration of medication. The following tasks may not be delegated to certified medical assistants:

- (1) administering controlled medications, intravenous medications, contrast agents, or chemotherapy agents;
- (2) injecting neurotoxin products, neuro modulatory agents, or tissue fillers;

(3) using lasers or instruments that results in tissue destruction;

(4) placing sutures;

(5) taking radiographs or using any ionizing radiation unless the [certified medical assistant] is also a certified limited practice radiographer;

(6) analyzing, interpreting, or diagnosing symptoms or tests;

(7) triaging patients; and

(8) performing a clinical decision-making task by means of telemedicine.<sup>2</sup>

Physicians, physician assistants, and advanced practice registered nurses “may delegate specified tasks to a [certified medical assistant] pursuant to the following requirements,” according to the South Carolina legislation:

(1) the task must be delegated directly to the [certified medical assistant] by the physician, physician assistant, or advanced practice registered nurse, and not through another licensed practitioner;

(2) the task must be performed when the physician, physician assistant, or advanced practice registered nurse delegating the task is in such close proximity as to be immediately available to the [certified medical assistant] if needed;

(3) the physician, physician assistant, or advanced practice registered nurse delegating the task must determine that the task is within the training and competency of the [certified medical assistant] and will

not pose a significant risk to the patient if improperly performed<sup>2</sup>

## The Significance of These Laws

The new Connecticut and South Carolina laws are highly significant because they empower medical assistants in these states to perform tasks for which they are educated, credentialed, and competent. Moreover, these statutes establish another state law precedent for differentiating the legal scope of practice for educated and credentialed medical assistants from that of other medical assistants.

I commend the Connecticut Society of Medical Assistants and the South Carolina Society of Medical Assistants for these noteworthy legislative victories. They portend greater recognition of and appreciation for educated and credentialed medical assistants. ♦

## References

1. An Act Concerning the Department of Public Health’s Recommendations Regarding Various Revisions to the Public Health Statutes, Pub Act 22-58, HR 5500, 2022 Session (Conn 2022). Accessed June 15, 2022. <https://www.cga.ct.gov/2022/ACT/PA/PDF/2022PA-00058-R00HB-05500-PA.PDF>
2. S 613. 124th Leg, 2021-2022 Session (SC 2022). Accessed June 15, 2022. [https://www.scstatehouse.gov/sess124\\_2021-2022/bills/613.htm](https://www.scstatehouse.gov/sess124_2021-2022/bills/613.htm)