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 Texas law.

**Physician delegation**

As is the case under the laws of many states, Texas law does not refer to “medical assistants” by name. Medical assistants are classified as “qualified and properly trained persons” under the Texas Medical Practice Act. Note the following excerpt from this statute:

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OCCUPATIONS CODE
TITLE 3. HEALTH PROFESSIONS
SUBTITLE B. PHYSICIANS
CHAPTER 157. AUTHORITY OF PHYSICIAN TO DELEGATE CERTAIN MEDICAL ACTS
SUBCHAPTER A. GENERAL PROVISIONS
Sec. 157.001. GENERAL AUTHORITY OF PHYSICIAN TO DELEGATE. (a) A physician may delegate to a qualified and properly trained person acting under the physician's supervision any medical act that a reasonable and prudent physician would find within the scope of sound medical judgment to delegate if, in the opinion of the delegating physician:
(1) the act:
(A) can be properly and safely performed by the person to whom the medical act is delegated;
(B) is performed in its customary manner; and
(C) is not in violation of any other statute; and
(2) the person to whom the delegation is made does not represent to the public that the person is authorized to practice medicine.
(b) The delegating physician remains responsible for the medical acts of the person performing the delegated medical acts.
(c) The board [Texas Medical Board] may determine whether:
(1) an act constitutes the practice of medicine, not inconsistent with this chapter; and
(2) a medical act may be properly or safely delegated by physicians.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.
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**Sec. 157.002. GENERAL DELEGATION OF ADMINISTRATION AND PROVISION OF DANGEROUS DRUGS.** (a) In this section:

(1) "Administering" means the direct application of a drug to the body of a patient by injection, inhalation, ingestion, or any other means.
(b) "Provision" means the supply of one or more unit doses of a drug, medicine, or dangerous drug.
(e) The administration or provision of the drugs may be delegated through a physician's order, a standing medical order, a standing delegation order, or another order defined by the board.

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Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.
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Sec. 157.006. LIMITATION ON BOARD RULES REGARDING DELEGATION. The board shall promote a physician’s exercise of professional judgment to decide which medical acts may be safely delegated by not adopting rules containing, except as absolutely necessary, global prohibitions or restrictions on the delegation of medical acts.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

Delegation of IV tasks

The Texas Medical Board was asked the following question:

Specifically, my question is whether the Texas Medical Practice Act and the regulations and policies of the Texas Medical Board permit physicians to delegate to medical assistants the initiating and discontinuing of an IV.

The Texas Medical Board’s response was as follows:

A physician may delegate to a qualified and properly trained person if they see fit. Please review Medical Practice Act Chapter 157 AUTHORITY OF PHYSICIAN TO DELEGATE CERTAIN MEDICAL ACTS.

This response indicates that Texas law permits physicians to delegate to “qualified and properly trained persons” such as medical assistants the performing of IV tasks.

Nurse delegation to medical assistants

Medical assistants are classified as “unlicensed persons” under the Texas nursing law. The following applies to Advanced Practice Registered Nurses (APRNs) as well as to RNs. Note the following from the Texas Board of Nursing regulations:


The following standards must be met before the RN delegates nursing tasks to unlicensed persons. These criteria apply to all instances of RN delegation. Additional criteria, if appropriate to the particular task being delegated, may also be found in §224.8(b)(1) of this title (relating to Discretionary Delegation Tasks).

(1) The RN must make an assessment of the client’s nursing care needs. The RN should, when the client’s status allows, consult with the client, and when appropriate the client’s family and/or significant other(s), to identify the client’s nursing needs prior to delegating nursing tasks.

(2) The nursing task must be one that a reasonable and prudent RN would find is within the scope of sound nursing judgment to delegate. The RN should consider the five rights of delegation: the right task, the right person to whom the delegation is made, the right circumstances, the right direction and communication by the RN, and the right supervision as determined by the RN.

(3) The nursing task must be one that, in the opinion of the delegating RN, can be properly and safely performed by the unlicensed person involved without jeopardizing the client’s welfare.

(4) The nursing task must not require the unlicensed person to exercise professional nursing judgment; however, the unlicensed person may take any action that a reasonable, prudent non-health care professional would take in an emergency situation.

(5) The unlicensed person to whom the nursing task is delegated must be adequately identified. The identification may be by individual or, if appropriate, by training, education, and/or certification/permit of the unlicensed person.

(6) The RN shall have either instructed the unlicensed person in the delegated task, or verified the unlicensed person’s competency to perform the nursing task. The verification of competence may be done by the RN making the decision to delegate or, if appropriate, by training, education, experience and/or certification/permit of the unlicensed person.

(7) The RN shall adequately supervise the performance of the delegated nursing task in accordance with the requirements of §224.7 of this title (relating to Supervision).

(8) If the delegation continues over time, the RN shall periodically evaluate, review, and when a change in condition occurs reevaluate the delegation of tasks. For example, the evaluation would be appropriate when the client’s Nursing Care Plan is reviewed and revised. The RN’s evaluation of a delegated task(s) will be incorporated into the client’s Nursing Care Plan.