



AMERICAN ASSOCIATION  
OF MEDICAL ASSISTANTS®

20 N. WACKER DR., STE. 1575  
CHICAGO, ILLINOIS 60606

Thank you for your inquiry concerning what tasks are delegable legally to medical assistants according to Missouri law.

My research has not revealed any language in the Missouri statutes or regulations that addresses what physicians can delegate to medical assistants. Nevertheless, it is my legal opinion that licensed physicians have the authority based on common law principles inherent in their licensure to delegate a reasonable scope of clinical and administrative tasks (including venipuncture; administration of medications and other substances orally, and by intramuscular, intradermal, and subcutaneous injections—including immunizations/vaccinations); and measuring vital signs to knowledgeable and competent unlicensed health professionals such as medical assistants working under their direct/onsite supervision in outpatient settings.

Tasks which constitute the practice of medicine, or which state law permits only certain health care professionals to perform, however, may not be delegated to unlicensed professionals such as medical assistants.

I define triage as a communication process with a patient (or patient representative) during which a health care professional is required to exercise independent clinical judgment and/or to make clinical assessments or evaluations. It is my legal opinion that it is not permissible for medical assistants to be delegated triage (as I define the term). I define non-triage communication as a process during which a non-provider health care professional follows provider-approved protocols or decision trees in verbatim receiving and verbatim conveying of information. In non-triage communication, the health professional does not exercise independent clinical judgment. It is my legal opinion that it is permissible for knowledgeable and competent unlicensed professionals such as medical assistants to be delegated non-triage communication.

To my knowledge, there is nothing in Missouri law that forbids physicians from delegating tasks to medical assistants through intermediary personnel such as physician assistants, nurse practitioners, or registered nurses.

I have attached the *Occupational Analysis of the CMA (AAMA)* and the entry-level competencies taught in medical assisting programs accredited by the Commission on Accreditation of Allied Health Education Programs. Although these documents do not have the force of law, they should offer some guidance on scope of practice.

Donald A. Balasa, JD, MBA  
CEO and Legal Counsel  
[dbalasa@aama-ntl.org](mailto:dbalasa@aama-ntl.org)



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