

1 **Scope of Practice for Medical Assistants under Texas Law**

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

3 American Association of Medical Assistants (AAMA)

4 August 2022

5  
6 Medical assistants continue to be in high demand throughout the United States. Medical assisting scope  
7 of practice is determined primarily by state law. This paper will explain the scope of practice for medical  
8 assistants under Texas law.

9  
10 **Physician delegation**

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

14 OCCUPATIONS CODE  
15 TITLE 3. HEALTH PROFESSIONS  
16 SUBTITLE B. PHYSICIANS

17 CHAPTER 157. AUTHORITY OF PHYSICIAN TO DELEGATE CERTAIN MEDICAL ACTS  
18 SUBCHAPTER A. GENERAL PROVISIONS

19 Sec. 157.001. GENERAL AUTHORITY OF PHYSICIAN TO DELEGATE. (a) A physician may  
20 delegate to a **qualified and properly trained person** acting under the physician's supervision any  
21 medical act that a reasonable and prudent physician would find within the scope of sound medical  
22 judgment to delegate if, in the opinion of the delegating physician:

23 (1) the act:

24 (A) can be properly and safely performed by the person to whom the medical act is delegated;

25 (B) is performed in its customary manner; and

26 (C) is not in violation of any other statute; and

27 (2) the person to whom the delegation is made does not represent to the public that the person is  
28 authorized to practice medicine.

29 (b) The delegating physician remains responsible for the medical acts of the person performing the  
30 delegated medical acts.

31 (c) The board [Texas Medical Board] may determine whether:

32 (1) an act constitutes the practice of medicine, not inconsistent with this chapter; and

33 (2) a medical act may be properly or safely delegated by physicians.

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

35 Sec. 157.002. GENERAL DELEGATION OF ADMINISTRATION AND PROVISION OF  
36 DANGEROUS DRUGS. (a) In this section:

37 (1) "Administering" means the direct application of a drug to the body of a patient by injection,  
38 inhalation, ingestion, or any other means.

39 (2) "Provision" means the supply of one or more unit doses of a drug, medicine, or dangerous drug.

40 (b) A physician may delegate to any qualified and properly trained person acting under the physician's  
41 supervision the act of administering or providing dangerous drugs in the physician's office, as ordered by  
42 the physician, that are used or required to meet the immediate needs of the physician's patients. The  
43 administration or provision of the dangerous drugs must be performed in compliance with laws relating to  
44 the practice of medicine and state and federal laws relating to those dangerous drugs.

45 .....

46 (e) The administration or provision of the drugs may be delegated through a physician's order, a standing  
47 medical order, a standing delegation order, or another order defined by the board.

48 .....

49 Sec. 157.005. PERFORMANCE OF DELEGATED ACT NOT PRACTICING WITHOUT MEDICAL  
50 LICENSE. A person to whom a physician delegates the performance of a medical act is not considered to  
51 be practicing medicine without a license by performing the medical act unless the person acts with  
52 knowledge that the delegation and the action taken under the delegation is a violation of this subtitle.  
53 Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

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

59

60 **Delegation of IV tasks**

61 The Texas Medical Board was asked the following question:

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

65 The Texas Medical Board's response was as follows:

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

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

71

72 **Nurse delegation to medical assistants**

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

76 §224.6. General Criteria for Delegation.

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

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

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

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

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

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

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

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

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