

The Medical Assistant

Inquiry: *Medical Assistants do not have a scope of practice, therefore, they can perform any task that is delegated to them by another health care professional?*

Response:

Scope of practice. It is correct that Medical Assistants do not have a scope of practice. Only licensed health care professionals have a scope of practice. Scope of practice is defined in health care professionals' Practice Acts.

Delegated nursing interventions. Medical Assistants may only perform delegated nursing interventions. Registered Nurse (RNs) or Advanced Practice Registered Nurse (APRNs) have licensure authority to delegate select, non-complex nursing interventions to Medical Assistants (see Delegation ... this issue of Nursing News...).

Inquiry: *If there is not a nurse in a particular practice setting, what can Medical Assistants do?*

Response:

Medical Assistants support the practice of licensed health care professionals. They may appropriately perform administrative duties like scheduling and computer entry—or clinical support tasks like rooming patients and collecting data and information from the patient that nursing and medical providers require to inform their plan of care (Nebraska Board of Nursing, July 2018a).

Inquiry: *Certified Medical Assistants can do more, i.e., have more skills than Medical Assistants who are not certified?*

Response:

Medical Assistant certification is not a recognized credential in Nebraska (Uniform Credentialing Act [UCA], Neb. Rev. Stat. §§ 38-101). Employers may require certification as a condition for employment, but being trained and certified to perform a particular task does not mean that task may be



performed under Nebraska law.

Inquiry: *What tasks may Medical Assistants perform under Nebraska law?*

Response: Medical Assistants as unlicensed persons may perform any task that is not limited to the practice of a credentialed health care professional. Credentialed means a license, certification or registration recognized by Nebraska law. A person with an active credential has the right to represent himself or herself as having the credential and the right to practice (UCA, Neb. Rev. Stat. §§ 38-113, 38-117, 38-121).

Inquiry: *What about phlebotomy, i.e., drawing blood?*

Response: Peripheral venous blood samples can be collected by any person, including a Medical Assistant, who has been trained and demonstrated the competency to do so. Phlebotomy does not require a credential.

Inquiry: *Can Medical Assistants draw blood from or flush central intravenous catheters or ports?*

Response: Access and care of central lines is intravenous (IV) therapy and can only be performed by qualified licensed nurses (Nurse Practice Act, 2017).

Inquiry: *Accept verbal orders?*

Response: Verbal orders are prescriptions from APRNs and medical providers responsible for the care of a particular patient with licensure authority to prescribe medications, diagnostic tests and therapeutic interventions. Medical Assistants, like other unlicensed persons, may not accept verbal orders from a licensed prescriber (Nebraska Board of Nursing, 2018b). They may, however, accept and complete a task that they are otherwise qualified and may lawfully perform in response to a written order from a provider, e.g., phlebotomy to obtain a laboratory specimen.

Inquiry: *Transcribe provider orders for electronic order entry?*

Response: Centers for Medicare & Medicaid Services (CMS) regulations permit licensed health care professionals and certified Medical Assistants to enter provider orders for medications, laboratory and radiology into computerized provider order entry systems (CPOE). These rules are specific for those health care entities participating in meaningful use calculation under the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs (CMS.gov, 2018). In Nebraska, as noted in the preceding section, since Medical Assistants may not accept verbal orders, they may only complete electronic order entry if they have exact written instructions from the prescriber. Changes or clarifications must also be made by the provider in writing, or the electronic entry amended by the provider themselves (Nebraska Board of Nursing, 2018b).

Inquiry: *Telephone triage?*

Response: Patient triage, either by telephone, or in-person and/or the giving of advice to patients can only be performed by licensed nurses. Triage means sorting or responding to patient requests for care. Triage requires assessment of the patient. Assessment is within the scope of practice of the RN. Licensed Practical Nurses contribute to patient assessment under the direction

of a RN or Licensed Practitioner (Nurse Practice Act, 38-2211-38-2212). Assessment cannot be delegated by the RN to an unlicensed person (172 NAC 99-004.01C).

Inquiry: *My provider's office told me that I could expect a phone call from 'the nurse.' The person who called and answered my questions was a Medical Assistant.*

Response:

Title protection. Health care professionals are obligated to correct anyone who incorrectly identifies them by a credential title that they do not have. 'Nurse' is a protected title. It is unlawful for any person to use the title nurse in reference to himself or herself in any capacity, except individuals who are or have been licensed as an LPN or RN (Nurse Practice Act, Neb. Rev. Stat. §§ 38-2228).

Telephone contact. Medical Assistants may make phone calls to patients on behalf of licensed health care professionals, but the information provided to patients must be limited to general instructions such as the date, time and location for appointments and health care services, i.e., information generated as a result of the administrative support tasks performed by the Medical Assistant.

Inquiry: *Can the Medical Assistant provide patient teaching?*

Response: Only RNs can provide patient teaching and counseling. The unlicensed person may provide information related to promoting independence in personal care and activities of daily living. The unlicensed person may also be taught to recognize and report basic deviations in patients from healthy behavior and communication patterns (172 NAC 99-004.01C).

Provider instructions, such as those for medications or post-procedure care, may be reviewed with patients by Medical Assistants with patients in a pre-printed format. Medical Assistants may not respond to questions or offer patients information regarding a

particular diagnosis or medical plan of care, e.g., diabetes education.

Inquiry: *Can Medical Assistants supervise licensed health care professionals?*

Response:

Employers may create supervisory roles for unlicensed persons, but the unlicensed person has no authority related to a licensee's scope of practice. For example, a Medical Assistant may assume supervisory responsibilities for nurses that include clinic workflow, e.g., patient scheduling or preparing exam rooms. The Medical Assistant may not assume supervisory responsibilities that include training and monitoring the performance of activities that are limited to nursing scope of practice such medication administration and treatments.

Inquiry: *Can Medical Assistants administer medications?*

Response:

Medications may be *provided* to patients by a Medical Assistant if registered, i.e., credentialed as a Medication Aide in Nebraska (Medication Aide Act, 2013). Medication **provision** is a component of medication administration. Provision is limited to the act of giving or applying a dose of a medication (Medication Aide Act, Neb. Rev. Stat. §§ 71-6721).

Medication **provision is participation in medication administration.** Licensed health care professionals may **administer** medications if they have the statutory authority, i.e., it is within their scope of practice to do so (Medication Aide Act, Neb. Rev. Stat. §§ 71-6722). Medication **administration** is the act of providing a medication, and observing and taking appropriate action regarding desired effects, side effects, interactions and contraindications associated with a particular medication (Medication Aide Act, 71-6721).

The **provision** of medications by persons credentialed as Medication Aides is subject to specific regulatory

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requirements for training, competency assessment, direction and monitoring, and documentation. There are additional requirements for medication provision by alternate routes and prn dosing, which may include written instructions for the provision of a medication for each individual recipient (Medication Aid Act, 2013).

When unlicensed persons in any practice setting **provide** medications to patients, nurses have an ethical obligation to insist on risk assessment for patient safety and outcomes (American Nurses Association, 2015), as well as scrutiny by the health care team for compliance with all provisions of the law. In this context, an unlicensed person providing routine scheduled oral medications to a stable and cooperative resident in a long term care setting—is not the same as providing eye drops for a combative patient—is not the same as a supplemental dose of subcutaneous insulin for an acutely hyperglycemic patient—is not the same as a pediatric vaccination.

References

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