



AMERICAN ASSOCIATION
OF MEDICAL ASSISTANTS®

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

According to 333.16215 of the Michigan Public Health Code:

(1) A licensee [viz., a licensed physician] who holds a license other than a health profession subfield license may delegate to a licensed or unlicensed individual who is otherwise qualified by education, training, or experience the performance of selected acts, tasks, or functions where the acts, tasks, or functions fall within the scope of practice of the licensee's profession and will be performed under the licensee's supervision. An act, task, or function shall not be delegated under this section which, under standards of acceptable and prevailing practice, requires the level of education, skill, and judgment required of a licensee under this article.

There is no language in Michigan law that more specifically delineates what tasks are delegable by physicians to medical assistants. Nevertheless, it is my legal opinion that this language permits physicians to delegate a reasonable scope of clinical tasks (including venipuncture; intramuscular, intradermal, and subcutaneous injections; and measuring vital signs) to knowledgeable and competent unlicensed 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.

I have attached the *Occupational Analysis of the CMA (AAMA)*, the entry-level competencies taught in medical assisting programs accredited by CAAHEP, and the Content Outline of the CMA (AAMA) Certification Examination. Although these documents do not have the force of law, they should offer some guidance on scope of practice.

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