



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 Mississippi law.

My research has not revealed any language in Mississippi statutes or regulations that addresses what physicians can delegate to medical assistants. Nevertheless, it is my legal opinion that common law principles inherent in state licensure permit physicians to delegate a reasonable scope of clinical and administrative tasks (including venipuncture and the administration of intramuscular, intradermal, and subcutaneous injections—including immunizations/vaccinations) to knowledgeable and competent unlicensed professionals such as medical assistants working under their direct/onsite supervision in outpatient settings.

Tasks that constitute the practice of medicine, or which state law permits only certain health 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 Mississippi law that forbids supervising physicians from delegating to medical assistants through intermediary personnel such as physician assistants, nurse practitioners, registered nurses.

I have enclosed 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.

I hope this information is helpful. Please do not hesitate to contact me if you have further questions or need additional assistance.

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