

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

2 Donald A. Balasa, JD, MBA; CEO and House Legal Counsel; dbalasa@aama-ntl.org

3 American Association of Medical Assistants (AAMA)

4 November 2022

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

9
10 **Physician delegation**

11 As is the case under the laws of many states, Wisconsin law does not refer to “medical assistants” by
12 name. A medical assisting scope of practice is set forth in the following language from the
13 Wisconsin Medical Practice Act:

14 **448.03 License or certificate required to practice; use of titles; civil immunity;**
15 **practice of Christian Science.**

16 (1) License required to practice.

17 (a) No person may practice medicine and surgery, or attempt to do so or make a
18 representation as authorized to do so, without a license to practice medicine and surgery
19 granted by the [medical examining] board:

20

21 (2) Exceptions. Nothing in this subchapter shall be construed either to prohibit, or to require,
22 a license or certificate under this subchapter for any of the following:.....

23 (e) Any person other than an anesthesiologist assistant who is providing patient services as
24 directed, supervised, and inspected by a physician who has the power to direct, decide and
25 oversee the implementation of the patient services rendered.

26
27 **Tasks Delegable to Medical Assistants**

28 Which tasks **may be delegated** by physicians to unlicensed individuals such as medical assistants
29 under Wisconsin law? A legally defensible answer to this question consists of two parts:

- 30 • Medical assistants may be delegated, and may perform, only those tasks for which they are
31 knowledgeable and competent.
- 32 • Medical assistants may be delegated, and may perform, those tasks that are included in the
33 *Core Curriculum of the CAAHEP Standards for the Accreditation of Educational Programs*
34 *in Medical Assisting*. The following are the tasks that students must demonstrate proficiency
35 in to graduate from a CAAHEP-accredited medical assisting program:
- 36 ○ Measuring vital signs
 - 37 ○ Performing electrocardiography
 - 38 ○ Performing venipuncture
 - 39 ○ Performing pulmonary function testing
 - 40 ○ Calculating proper dosages of medication for administration
 - 41 ○ Administering oral and parenteral (excluding IV) medications
 - 42 ○ Obtaining specimens and performing CLIA-waived tests
 - 43 ○ Performing wound care
 - 44 ○ Performing dressing changes

45

46 **Tasks Not Delegable to Medical Assistants**

47 Which tasks **are not delegable** to medical assistants under Wisconsin law?

- 48 • Under common law principles, it is **not** legally permissible for medical assistants to be
49 delegated, and to perform, any task that requires the exercise of independent clinical
50 judgment or the making of clinical assessments, evaluations, or interpretations.
- 51 • It is **not** legally permissible for medical assistants to be delegated, and to perform, any task
52 reserved exclusively in Wisconsin law to other health professionals—often licensed health
53 professionals.

54

55 **Nurse delegation**

56 Medical assistants are classified as “less skilled assistants” under the Wisconsin nursing law. Note
57 the following excerpt from a position paper of the Wisconsin Board of Nursing:

58 What nursing actions can or cannot be delegated? Based on the standards of practice for RNs
59 contained in N6.03(1), a Registered Nurse is directly responsible for ensuring that
60 Assessment, Planning, Intervention and Evaluation are performed in order to maintain health,
61 prevent illness, or care for the ill. The only portion of the Nursing Process that contains
62 nursing acts that can be delegated to LPNs or less skilled assistants is the Intervention phase,
63 which includes the collection of data (vital signs, etc.) necessary to continuously Assess,
64 Plan, and Evaluate care.

65

66 **Telemedicine/Telehealth**

67 Under the laws of all states, knowledgeable and competent medical assistants are permitted to: (1)
68 receive information by electronic means for licensed providers; and (2) convey information by
69 electronic means as authorized by overseeing/delegating providers. Providers should specify in
70 writing what information may be received and transmitted by medical assistants. When receiving and
71 conveying information, medical assistants must avoid making independent clinical judgments and
72 assessments.

73

74 **Patient Education**

75 Under the laws of all states, it is permissible for licensed providers to delegate to knowledgeable and
76 competent unlicensed professionals such as medical assistants working under their authority and
77 direction the providing of *patient education* as long as: (a) the content of such education has been
78 approved by the delegating provider; and (b) the medical assistant is not permitted to exercise
79 independent clinical judgment or to make clinical assessments or evaluations during the education
80 process.

81

82 **Chronic Care Management (CCM) and Transitional Care Management (TCM)**

83 The Chronic Care Management (CCM) and Transitional Care Management (TCM) programs were
84 created to provide reimbursement for services for Medicare recipients who have health needs not
85 included within standard Medicare coverage. Medical assistants fall within the CPT definition of
86 **clinical staff**. Medical assistants also are **auxiliary personnel** according to chapter 15, section 60.1,
87 “Incident to Physician’s Professional Services” of the *Medicare Benefit Policy Manual*. Medical
88 assistants may be delegated tasks that are billable incident to the provider’s services under CPT code
89 99490 (CCM) or CPT codes 99495 and 99496 (TCM).