

**JOINT ADVISORY STATEMENT OF THE SOUTH CAROLINA STATE BOARDS OF
MEDICAL EXAMINERS AND NURSING REGARDING THE
USE OF CERTIFIED MEDICAL ASSISTANTS[®]
AND UNLICENSED ASSISTIVE PERSONNEL**

The Board of Medical Examiners and the Board of Nursing are publishing this advisory opinion to bring attention recent changes in the law regarding the use of unlicensed personnel and medical assistants through delegation by a physician, physician assistant (PA), or advanced practice registered nurse (NP, CNM, CNS). This opinion is an effort to assist physicians, PAs, and APRNs to ensure compliance with their statutory obligations.¹ Failure to abide by the new law could result in disciplinary proceedings against a licensee.

The South Carolina Legislature recently enacted Senate bill S.613, governing the use of “certified medical assistants[®]” (hereinafter “medical assistants”) by physicians, PAs and APRNs. This new law alters the use of unlicensed assistive personnel, as was previously set forth in the Medical Practice Act, and now requires the use of medical assistants to perform tasks that previously may have been delegable to unlicensed assistive personnel (UAP). The Act also allows PAs and APRNs to delegate to medical assistants who meet certain criteria.

The delegation of tasks to a UAP under the Medical Practice Act was previously governed by South Carolina Code section 40-47-30(A)(5). This section set forth the guidelines under which a physician could delegate tasks to a UAP. This section, however, has been repealed and the tasks previously delegable to UAPs has been changed by the new legislation.

For APRNs, RNs, and LPNs, the law has not changed regarding what tasks can be delegated to UAPs under the Nurse Practice Act, located at [S.C. Code section 40-33-42](#).

Unlicensed Assistive Personnel:

Unlicensed assistive personnel (UAP) is now a defined term in the Medical Practice Act. It is defined as:

'Unlicensed assistive personnel' or 'UAP' means persons not currently licensed by the Board of Nursing as nurses, or persons who are not certified medical assistants as defined in Section 40-47-20, who perform routine nursing tasks that do not require a specialized knowledge base or the judgment or skill of a licensed nurse. Nursing tasks performed by unlicensed assistive personnel must be performed under the supervision of a physician, physician assistant, APRN, registered nurse, or licensed practical nurse. Unlicensed assistive personnel must not administer medications except as otherwise provided by law.

¹ In accordance with S.C. Code Ann. § 40-47-10(I)(1), the State Board of Medical Examiners (“Board”) may “publish advisory opinions and position statements relating to practice procedures or policies authorized or acquiesced to by any agency, facility, institution, or other organization that employs persons authorized to practice under this chapter to comply with acceptable standards of practice.” The Board of Nursing may do the same. S.C. Code Ann. § 40-33-10(I)(1). The Boards put out this advisory statement in an effort to educate their licensees on the current state of delegation to UAPs or CMAs.

[S.C. Code section 40-47-20\(58\)](#)

Physicians and PAs can only delegate the following to tasks to UAPs:

A physician or physician assistant, pursuant to the physician assistant's scope of practice guidelines, may delegate nursing tasks to UAP under the supervision of the physician or physician assistant. Such nursing tasks include, but are not limited to, the following:

- (a) meeting patients' needs for personal hygiene;
- (b) meeting patients' needs relating to nutrition;
- (c) meeting patients' needs relating to ambulation;
- (d) meeting patients' needs relating to elimination;
- (e) taking vital signs;
- (f) maintaining asepsis; and
- (g) observing, recording, or reporting any of the nursing tasks enumerated in this subsection.

[South Carolina Code section 40-47-196\(C\)\(1\).](#)

Again, these are the same tasks APRNs (and RNs and LPNs) were able to delegate previously to UAPs under the Nurse Practice Act, so there is no change in the law for these for these licensees.

Medical Assistants

Physicians, PAs, and APRNs may delegate tasks to medical assistants who have certification. The phrase “certified medical assistant[®]” is now a defined term in the Medical Practice Act and the Nurse Practice Act.

'Certified medical assistant' or 'CMA' means a person who is a graduate of a post-secondary medical assisting education program accredited by [] the Committee on Allied Health Education and Accreditation of the American Medical Association, or its successor; by the Accrediting Bureau of Health Education Schools, or its successor; or by any accrediting agency recognized by the United States Department of Education. The accredited post-secondary medical assisting education program must include courses in anatomy and physiology, medical terminology, pharmacology, medical laboratory techniques, and clinical experience. A certified medical assistant must maintain current certification from the certifying board of the American Association of Medical Assistants, the National Center for Competency Testing, the National Certification Medical Association, American Medical Technologists, [the National Healthcareer

Association] or any other recognized certifying body approved by the Board of Medical Examiners.²

[S.C. Code section 40-47-20\(57\)](#) (Medical Practice Act); [S.C. Code section 40-33-20\(67\)](#) (Nurse Practice Act).

Under this definition found in both practice acts, a medical assistant must have a (1) a post-secondary education accredited by those organizations identified in the statute and (2) maintain current certification by those certifying bodies identified in the statute. It is not acceptable for a physician, PA, or APRN to delegate tasks to a medical assistant who becomes certified after July 16, 2022, unless that medical assistant meets these criteria.

The statute does allow a two-year grace period, until July 16, 2024, for medical assistants who were employed on July 16, 2022, but who otherwise do not meet the educational requirements of the medical assistant statute. This means that medical assistants who obtained their skills through an apprenticeship or a work program, and who were employed on or before July 16, 2022, can continue to work as a medical assistant until July 16, 2024. After that date, however, a physician, PA, or APRN can only delegate the tasks below to a medical assistant who has a post-secondary medical assistant education program that is accredited **and** who is certified through examination. After that date, anyone who does not meet the criteria **must** be utilized only as unlicensed assistive personnel.

The Act further sets forth the criteria that must be used by a physician, PA, or APRN when delegating tasks to a medical assistant with certification. The criteria are set forth at S.C. Code section 40-47-196(B):³

(B) A physician, physician assistant, or advanced practice registered nurse may delegate specified tasks to a CMA pursuant to the following requirements:

(1) the task must be delegated directly to the CMA by the physician, physician assistant, or advanced practice registered nurse, and not through another licensed practitioner;

(2) the task must be performed when the physician, physician assistant, or advanced practice registered nurse delegating the task is in such close proximity as to be immediately available to the CMA if needed;

(3) the physician, physician assistant, or advanced practice registered nurse delegating the task must determine that the task is within the training and competency of the CMA and will not pose a significant risk to the patient if improperly performed;

² MedCA has been approved by the Board of Medical Examiners.

³ This section of the Medical Practice Act is incorporated by reference in the Nurse Practice Act at South Carolina Code section 40-33-42(C).

- (4) the task must not involve the verbal transmission of an order or prescription to a licensed person if the licensed person requires the order or prescription to be in writing; and
- (5) the CMA must wear an appropriate badge identifying the CMA's status, which must be clearly visible to the patient at all times.

The statute also identifies tasks that cannot be delegated to a medical assistant by a PA or APRN under any circumstances:

- (1) administering controlled medications, intravenous medications, contrast agents, or chemotherapy agents;
- (2) injecting neurotoxin products, neuro modulatory agents, or tissue fillers;
- (3) using lasers or instruments that results in tissue destruction;
- (4) placing sutures;
- (5) taking radiographs or using any ionizing radiation unless the CMA is also a certified limited practice radiographer;
- (6) analyzing, interpreting, or diagnosing symptoms or tests;
- (7) triaging patients; and
- (8) performing a clinical decision-making task by means of telemedicine.

In order for PAs to delegate to a UAPs or medical assistants, the PAs must have this authority identified in their scope of practice. This can be done with the updated PA Scope of Practice Addendum form. APRNs must have the authority to delegate to a UAP or to a medical assistant in their written practice agreement. [South Carolina Code section 40-47-196\(A\)](#).