



# State Regulations on Staffing, Training Requirements, and AP/AH Scope of Service

Otolaryngic allergists need to be aware of their individual state regulatory laws regarding the practice of allergy in their location. This applies to scope of practice, licensure, and dispensing laws.

- When midlevel providers are involved in delivering allergy care, state laws regarding location of practice, level of independence, and type of training should be followed.
- Regulatory requirements for ancillary staff regarding level of training required for allergy testing and administration of injections vary by state.
- Some states have medication dispensing laws that may apply to immunotherapy (i.e., sublingual or subcutaneous).
- Some states have requirements for basic and advanced life-support training of allergy providers and staff.

### Scope of Practice

- Nurse practice laws and regulations are specific to each state.
- AANP offers quick reference guide for licensure and regulatory requirements, as well as practice environment details, for all 50 states and the U.S. Territories. Downloadable State Regulatory Map available at [www.aanp.org](http://www.aanp.org).
- AAPA's webstore offers "PA State Laws and Regulations" including all 50 states and the District of Columbia. [www.AAPA.org](http://www.AAPA.org) offers a synopsis of each

state's PA practice act, including scope of practice, prescribing and supervision, among other topics that cover PA practice.

- The AAOA recommends checking with state nursing board to confirm scope of practice and whether an NP/PA can supervise another staff member testing or treating.
- Medical Assistant and Nurse laws are specific to each state.
- For medical assistants, refer to the CAAHEP Standards for the Accreditation of Educational Programs in Medical Assisting. Appendix B contains the Core Curriculum. This delineates what medical assisting students in CAAHEP-accredited programs must know to be able to complete the program. This program varies between states and can change so please refer to the above for your state regulations.
- For examples, see below:
  - New York and Connecticut laws do not permit physicians to delegate to medical assistants any administration of medication, including by means of injection.
  - The laws of Washington, California, Florida, Maryland, and South Dakota are specific. They do permit physicians to delegate to medical assistants the administration of IM, subcutaneous, and ID injections. There is no language in the laws of these states that forbids medical assistants from being delegated the administration of allergy injections.

*Note: American Academy of Otolaryngic Allergy's (AAOA) Clinical Care Statements attempt to assist otolaryngic allergists by sharing summaries of recommended therapies and practices from current medical literature. They do not attempt to define a quality of care for legal malpractice proceedings. They should not be taken as recommending for or against a particular company's products. The Statements are not meant for patients to use in treating themselves or making decisions about their care. Advances constantly occur in medicine, and some advances will doubtless occur faster than these Statements can be updated. Otolaryngic allergists will want to keep abreast of the most recent medical literature in deciding the best course for treating their patients.*



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The laws of some states require the delegating provider to verify the dosage and identity of the medication before it is administered by the medical assistant.

- The American Academy of Nursing has a “Policy and Advocacy” section on its website [www.aannet.org/](http://www.aannet.org/). Regulations may also be hospital specific as some hospitals only employ RNs and do not have to employ LPNs.

All personnel performing shots or testing should have formal allergy training, as well as training in anaphylaxis

management. All allergy test interpretation, dose calculation, and vial preparation should be performed in conjunction with a physician practicing otolaryngic allergy.

For further information on supervision and “incidence to,” please refer to the Clinical Care Statement on *Allergen Extract Compounding of In Office Immunotherapy Vials* and the AAOA’s Practice Resources Toolkit at: [www.aaoallergy.org/practice-2/practice-resource-tool-kit/](http://www.aaoallergy.org/practice-2/practice-resource-tool-kit/)

### *As an example, NP Scope of Practice is defined as:*

<b>Full Practice:</b>	Evaluate patients, diagnose, order and interpret tests, initiate and manage treatments under the exclusive licensure authority of the state nursing board
<b>Reduced Practice:</b>	Reduces the ability to engage in at least one element of NP practice (above) and requires collaborative agreement with an outside health discipline for the NP to provide patient care
<b>Restricted Practice:</b>	Restricts the ability to engage in at least one element of NP practice (above) and state requires supervision, delegation, or team-management by an outside health discipline to provide patient care.

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