The following is a summary of Chief Executive Officer (CEO) Donald Balasa’s priorities and accomplishments and an update on pertinent developments, since (approximately) the American Association of Medical Assistants (AAMA) Annual Conference, October 21 through 24, 2022, in Myrtle Beach, South Carolina.

The CEO’s focus has been on facilitating the AAMA’s accomplishment of its mission and Strategic Issues Plan by (1) assisting President Deborah Novak and all other volunteer leaders to achieve their goals; (2) scanning the external environment to discern opportunities and threats; and (3) overseeing the deployment of AAMA resources (e.g., staff and capital assets) in an effective and efficient manner.

Partnership Presentations

**Medical Group Management Association (MGMA) Financial and Operations Conference**

CEO Balasa attended the Medical Group Management Association (MGMA) Financial and Operations Conference March 19 through 21, 2023, and presented “A Comparative Analysis of Recent Ambulatory Care Staffing Models.” This session was different from the ones he gave at MGMA meetings in 2022. As the title implies, this talk focused more on economic analysis than scope of practice issues.

In addition, these attendees were in a wider variety of categories of management than those who typically attend the MGMA Leadership Conference. They were, for example, human resource, operations, and financial managers and had different foci than the chief executive officers who constitute the majority of attendees at the MGMA Leadership Conference.

The following are excerpts from his presentation:

Three (3) principles of staff utilization

- Staff should be utilized to the “top of their education/licensing/certification.”
- Staff should be trained to assume as many roles as feasible (as permitted by law and as long as they are competent in each role).
- To the greatest extent possible, staff should be retained.

…

*Ready, Risk, Reward* white paper, Premier Inc.

- “Optimizing Primary Care Model Design to Improve Performance,” August 8, 2019
- Three (3) primary care paradigms:
  - Medical assistants only—42%
  - Medical assistants and either RNs or LPNs—54%
Medical assistants, RNs, and LPNs—24%

“Clinics with MA-only models and comparable staff-to-provider clinical full-time equivalent ratios were just as likely to achieve top quartile performance as higher skill-mix models, inclusive of RNs.”

Primary care delivery settings with medical assistants only were just as productive as settings with the other two paradigms.

Pacific Northwest Regional MGMA Medical Management Conference

On May 8, 2023, CEO Balasa presented “How Effective Utilization of Medical Assistants Can Result in More Efficient Delivery of Healthcare” in Tacoma, Washington, for the Pacific Northwest Regional MGMA Medical Management Conference. His talk was so favorably received that he was asked to give the same presentation that afternoon, which he did.

MGMA State Conference Presentations

In addition to the national MGMA events (in person and virtual) and the Pacific Northwest Regional Conference, in 2022 and 2023 CEO Balasa presented on similar topics for the Illinois, Virginia, and Ohio MGMA affiliates.

National Colorectal Cancer Roundtable

CEO Balasa is a member of the Policy Action Team of the National Colorectal Cancer Roundtable (NCCRT). This position enables him to utilize his public policy expertise to assist the NCCRT in accomplishing its legislative and regulatory objectives. He participated in a virtual meeting of the Policy Action Team April 27, 2023.

Center for the Application of Substance Abuse Technologies (CASAT) and the CDC

CEO Balasa and AAMA Past President Rebecca Walker, CMA (AAMA), were part of a panel presentation sponsored by the Center for the Application of Substance Abuse (CASAT) and the Centers for Disease Control and Prevent (CDC) entitled “Promoting Substance-Free Pregnancy: What Medical Assistants Need for Effective Practice.” This session was recorded and will be available on the AAMA website as a continuing education course.

MARWeek Interview for Fox News-Chicago

CEO Balasa was interviewed during Medical Assistants Recognition Week (MARWeek), October 17 through 21, 2022, by Fox News-Chicago. His interview was aired on the Fox News-Chicago station.

Subgrantee under a New CDC Grant

Beginning in 2015 the AAMA has been a subgrantee under grants awarded by the Centers for Disease Control and Prevention (CDC) to the Center for the Application of Substance Abuse Technologies (CASAT) of the University of Nevada, Reno (UNR). These grants are part of a coordinated national effort to prevent fetal alcohol spectrum disorders (FASDs) by preparing medical assistants to assist their overseeing providers in reducing alcohol-exposed pregnancies.

The AAMA has been designated as a subgrantee under a new grant awarded by the CDC to the
CASAT of the UNR. This grant is for national partnerships to address prenatal alcohol and other substance use and FASDs. The following is a description of this specific project under this grant:

The University of Nevada, Reno and the American Association of Medical Assistants (AAMA) are serving medical assistants through the Medical Assistant Partnership for Healthy Pregnancies and Families (MAP). Activities implemented by MAP will achieve the following short-term outcomes: 1) Demonstrated collaboration between clinical and public health partners dedicated to prenatal alcohol/other substance use and FASD-related services; 2) Improve capacity of state and local networks to reach affected populations with relevant, evidence-based messaging and services; 3) Increased identification of AAMA member knowledge, current practices, and organizational needs; 4) Increased use of evidence-based information and resources by MAs about prenatal alcohol/other substances use; 5) Increased use of evidence-based information and resources by MA educators in courses about prenatal alcohol/other substances; and 6) Increase knowledge related to the risks of prenatal alcohol and other substance use.

NCCRT Annual Meeting

Speaker of the House Aimee Wicker, CMA (AAMA), PCMH CCE, and CEO Balasa attended the National Colorectal Cancer Roundtable (NCCRT) 2022 Annual Meeting, November 16 through 18, 2022, in Baltimore, Maryland. The NCCRT volunteer leaders and staff continue to recognize the AAMA as a valuable partner in the crusade to reduce (and eventually eliminate) the incidence of colorectal cancer in the United States.

Article for PAHCOM Journal

Legal Counsel Balasa was asked by the Professional Association of Health Care Office Management (PAHCOM) staff to write an article about medical assistants for the PAHCOM Journal. (He has written articles for PAHCOM in the recent and distant past.) He submitted an article entitled “Recent Changes in State Law Clarify and Expand Medical Assistants’ Scope of Work.” This article was published December 28, 2022.

In June of 2023 CEO Balasa was asked to submit another article for publication in the PAHCOM Journal. He submitted “Steps for Determining Medical Assistants’ Scope of Practice under State Law.” It will be published in a future issue of the PAHCOM Journal.

Educators Forum Article


Presentation to the 2022 House of Delegates

Legal Counsel Balasa gave a presentation for the 2022 AAMA House of Delegates (October 22, 2022) about the Certifying Board (CB) of the AAMA, the Continuing Education Board (CEB) of the AAMA, and the Medical Assisting Education Review Board (MAERB), and the bodies to which each board is accountable.
The CMA (AAMA)® Certification Program and the CB of the AAMA are accredited (respectively) by the National Commission for Certifying Agencies (NCAA) and the International Accreditation Service (IAS). The CB must be in compliance with (1) the NCAA Standards for the Accreditation of Educational Programs; and (2) International Standard ISO/IEC 17024:2012(E), Conformity assessment— General requirements for bodies operating certification of persons, to maintain these accreditations. The CMA (AAMA) Certification Program is the only medical assisting certification that is accredited both by the NCAA and under ISO 17024.

Some of the CEB’s assessment-based certificates are accredited by the Institute for Credentialing Excellence (I.C.E.) under I.C.E. 1100:2019–Standard for Assessment-Based Certificate (ABC) Programs. The CEB’s ABCs that are accredited must be in compliance with I.C.E. 1100 to maintain their accreditation. The CEB is the only provider of medical assisting continuing education that has accreditation for some of its assessment-based certificates.

MAERB is a committee on accreditation (CoA) of the Commission on Accreditation of Allied Health Education Programs (CAAHEP). MAERB must abide by CAAHEP policies to remain a CoA of CAAHEP. CAAHEP is recognized as a programmatic accreditor by the Council for Higher Education Accreditation (CHEA). CAAHEP (and, indirectly, its committees on accreditation such as MAERB) must abide by the CHEA Standards and Procedures for Recognition to maintain recognition by CHEA.

The Arizona Medical Board proposed the following amendment to its medical assisting rules:

**ARTICLE 4. MEDICAL ASSISTANTS**

**R4-16-401. Medical Assistant Training Requirements**

A. After the effective date of this Section, a supervising physician or physician assistant shall ensure that before a medical assistant is employed, the medical assistant completes either one of the following:

1. An approved training program identified in R4-16-101; or
2. An unapproved training program and successfully passes the medical assistant examination administered by a certifying organization accredited by either the National Commission for Certifying Agencies or the American National Standards Institute; or
3. A training program that meets the requirements of A.R.S. § 32-1456(D) and is designed and offered by a physician.

**A.R.S. § 32-1456(D)** is as follows:

D. The board by rule shall prescribe medical assistant training requirements. The training requirements for a medical assistant may be satisfied through a training program that meets all of the following:

1. Is designed and offered by a physician.
2. Meets or exceeds any of the approved training program requirements specified in rule.
3. Verifies the entry-level competencies of a medical assistant as prescribed by rule.

4. Provides written verification to the individual of successful completion of the training program.

CEO Balasa attended a December 7, 2022, virtual hearing of the Arizona Medical Board and urged it to amend its proposed amendment as follows:

3. A training program that meets the requirements of A.R.S. § 32-1456(D) and is designed and offered by a physician and successfully passes the medical assistant examination administered by a certifying organization accredited by either the National Commission for Certifying Agencies or the American National Standards Institute.

Colorado Health Care Workforce Coalition

Colorado Society of Medical Assistants President Chris Hollander, CMA (AAMA), and CEO Balasa continue to participate in the virtual meetings of the Colorado Health Workforce Coalition (Coalition), a collaborative public policy group organized by the Colorado Hospital Association in early 2022 to draft omnibus legislation that included funding for medical assisting programs. The legislation was signed into law and the Coalition continues to meet and work to ensure that the provisions of the legislation are put into effect.

Exhibiting at the AAMC Annual Conference

CEO Balasa and Marketing Director Gina Mokijewski staffed an exhibit booth at the Annual Conference of the Association of American Medical Colleges (AAMC) in Nashville, Tennessee, November 12 through 14, 2022.

Public Affairs Articles

Legal Counsel Balasa wrote the following “Public Affairs” articles for CMA Today:

- “Two State Nursing Boards Recognize Educated and Credentialed Medical Assistants”
- “Why Professional Regulation Laws Vary from State to State”
- “Principles for Determining Whether to Develop a Microcredential”
- “Why the Certifying Board of the AAMA and the Medical Assisting Education Review Board Are Accountable to Third Parties”
- “Boards of Nursing Should Authorize APRNs to Delegate to Medical Assistants”
- “How Optimal Utilization of Allied Health Professionals (Including Medical Assistants) Can Result in More Effective Delivery of Health Care”

CAAHEP Symposium Presentations

CEO Balasa, who is serving as President of the Commission on Accreditation of Allied Health Education Programs (CAAHEP), co-presented the following two sessions at the CAAHEP Symposium January 20 and 21, 2023, in Tampa, Florida:
• “CAAHEP Update & Strategic Plan”
• “Balancing Innovation with Regulation in Health Professions Education and Accreditation”

ATP Annual Conference Presentation
CEO Balasa copresented “Accommodations 101” at the Association of Test Publishers (ATP) Innovations in Testing Annual Conference March 12 through 15, 2023, in Dallas, Texas.

CLEAR Articles
CEO Balasa had two of his articles posted on the website of the Council on Licensure, Enforcement, and Regulation (CLEAR). These articles are “Response Article to Remote Proctoring Room Scan Decision” (September 8, 2022) and “Continuing Education Provider Sues Certifying Board on Antitrust Grounds” (October 5, 2022).

Here are excerpts from the second of these two articles:

“Continuing Education Provider Sues Certifying Board on Antitrust Grounds”
On September 13, 2022, the Association of Surgical Assistants (ASA), a national provider of continuing education for surgical assistants, sued the National Board of Surgical Technology and Surgical Assisting (NBSTSA), a national board that certifies surgical technologists and surgical assistants, in federal district court alleging that the NBSTSA violated the federal and Colorado antitrust laws that prohibit unreasonable restraint of trade and monopolizing.

…
In its complaint the Association of Surgical Assistants asserts that the National Board of Surgical Technology and Surgical Assisting is violating Section 1 of the federal Sherman Act that forbids any [unreasonable] contract, combination, or conspiracy in restraint of trade. Note the following from the complaint:

• … [NBSTSA leaders] conspired to cause NBSTSA to effectively boycott ASA.
• … NBSTSA’s actions have caused an unreasonable restraint on trade in the market space for continuing education credits for…surgical assistants by ensuring the Association of Surgical Technologists (AST) is the sole provider and processor of these credits in the nation.
• … NBSTSA’s actions have damaged ASA by devaluing the ASA membership and have prevented ASA from engaging in its business of providing and processing continuing education credits for…surgical assistants.

The ASA complaint also avers that the NBSTSA is in violation of Section 2 of the Sherman Act that prohibits monopolization and attempts at monopolizing. The complaint includes the following:

• … [NBSTSA leaders] caused NBSTSA to exclude ASA from seeking accreditation as a provider and processor of continuing education credits for…surgical assistants.
• As a result, [NBSTSA leaders] and NBSTSA ensured AST maintains the entire market share for providing and processing continuing education credits for…surgical assistants nationwide.
NBSTSA has a longstanding relationship with AST, as referenced in the October 22, 2021, letter. NBSTSA stands to benefit by keeping AST as the sole provider and processor of continuing education credits for...surgical assistants.

By refusing to allow ASA to apply for accreditation [of its surgical assisting continuing education], [NBSTSA leaders] and NBSTSA have created a monopoly in favor of AST by ensuring AST retains one hundred percent of the market share for providing and processing continuing education credits for...surgical assistants nationwide.

I.C.E.


CLEAR Midyear Business Meeting

CEO Balasa was appointed to leadership positions with the Council on Licensure, Enforcement, and Regulation (CLEAR). He attended the CLEAR Midyear Business Meeting in Savannah, Georgia, January 11 through 13, 2023.

House Legal Counsel Responsibilities

CEO Balasa has continued to help constituent state societies and component chapters with issues involving bylaws, parliamentary procedure, suspected or actual misappropriation of funds, records retention, obtaining an Employer Identification Number/Taxpayer Identification Number (EIN/TIN), incorporation, responding to questions from the Internal Revenue Service, and the ineligibility of states and chapters for state sales tax exemption. He has sent cease and desist letters to medical assistants who are using the CMA (AAMA) credential and are not CMAs (AAMA) and to former CMAs (AAMA) who are using the credential even though their CMA (AAMA) is not current.

Legislative and Executive Branch Advocacy

After the 2022 legislative and executive branch victories in Connecticut, South Carolina, Delaware, and South Dakota, there have been some positive developments and one negative development during the first half of 2023.

Arkansas

CEO Balasa received the following email from a staffer of the Arkansas State Board of Nursing:

I am with the Arkansas State Board of Nursing. We are looking at revising our delegation rules for APRNs delegating to MAs. I found the AAMA website doing some research on medical assistants and various state laws regarding nursing delegation.

He informed the staffer about the amendments to the respective regulations of the Delaware and South Dakota Boards of Nursing addressing delegation to educated and credentialed medical assistants and forwarded language he had drafted previously for the Arkansas Board of Nursing.
CEO Balasa contacted a government affairs colleague on the staff of the American Association of Nurse Practitioners (AANP) with whom he has worked for eight years. He informed her that he was planning to contact all American boards of nursing and urge them to adopt regulations (or draft legislation) that would permit advanced practice registered nurses (APRNs)—especially nurse practitioners—to delegate certain types of injections (including vaccines) to appropriately educated and currently credentialed medical assistants. Collaboration between the AANP and the AAMA could facilitate other state boards of nursing adopting amendments to their rules similar to those of the Delaware and South Dakota Boards of Nursing.

**New York**

Similar to Connecticut law, New York medical assisting law has been restrictive for many decades. The New York State Society of Medical Assistants (NYSSMA) has worked hard for over thirty years to get the law changed. Two new allies have come forth who are working with the NYSSMA to broaden the scope of practice for medical assistants through legislation or amended regulations. These allies are the Medical Health Associates of Western New York and the Community Health Care Association of New York State. The former submitted a resolution that was adopted by the House of Delegates of the Medical Society of the State of New York (MSSNY) at its April 2023 annual meeting. The resolution reads as follows:

**Limited Expansion of Scope of Work for Credentialed Medical Assistants to Perform Vaccinations:**

At the House, our physicians testified how it has become unsustainable for practices to remain open and be able to afford to continue to perform vaccinations. As such, our 8th District Delegates and physicians throughout the State plead for NYS to replicate measures already enacted in other jurisdictions throughout the country where Certified Medical Assistants are authorized to administer vaccines.

The AAMA and the NYSSMA stand ready to help in any way with forthcoming legislation.

**North Carolina**

On April 19, 2023, a bill was introduced into the North Carolina legislature that would create a pilot program for medical assistants to serve as “school medical assistants.” This is likely the first legislation of its kind in the history of medical assisting. It is uncertain how much support this bill will garner. Regardless, this legislation evidences the growing recognition of medical assistants as being valuable and versatile allied health professionals.

**Washington**

A bill was introduced into the Washington legislature on January 5, 2023. Note the following comments that were submitted jointly by the AAMA and the Washington State Society of Medical Assistants:

**Comments of the American Association of Medical Assistants (AAMA) and the Washington State Society of Medical Assistants (WSSMA) on ESHB 1073, An Act Relating to Medical Assistants**

March 9, 2023

**Basis of opposition to ESHB 1073**
The American Association of Medical Assistants (AAMA) and its affiliated state society the Washington State Society of Medical Assistants (WSSMA) wish to express our grave concern about certain provisions of ESHB 1073, An Act Relating to Medical Assistants. The AAMA and the WSSMA take the position that amending the medical assisting statute to permit medical assistants-registered (MA-Rs) who, by definition, have not necessarily completed formal medical assisting education and have not passed a national medical assisting examination measuring medical assisting knowledge, would jeopardize the health and welfare of Washington residents.

As stated in the above Basis of opposition to ESHB 1073, MA-Rs are not required to have formal medical assisting training or pass a medical assisting examination. This lack of verification of medical assisting knowledge and skill by third-party entities argues against expanding the scope of practice of MA-Rs to include advanced clinical tasks that pose a greater likelihood of injury to patients if performed negligently.

Proposed statutory amendments that pose a threat to patient safety

The following addition of delegable duties to MA-Rs under ESHB 1073 potentially threatens the well-being of patients:

(4) A medical assistant-registered may perform the following duties delegated by, and under the supervision of, a health care practitioner:

…

(i) Administering medications:

(i) A medical assistant-registered may only administer medications if the drugs are:

(A) Administered only by unit or single dosage, or by a dosage calculated and verified by a health care practitioner. For purposes of this section, a combination or multidose vaccine shall be considered a unit dose;

(B) Limited to legend drugs, vaccines, and Schedule III through V controlled substances as authorized by a health care practitioner under the scope of his or her license and consistent with rules adopted by the secretary under (i)(ii) of this subsection; and

(C) Administered pursuant to a written order from a health care practitioner.

(ii) A medical assistant-registered may only administer medication for intramuscular injections. A medical assistant-registered may not administer experimental drugs or chemotherapy agents. The secretary may, by rule, further limit the drugs that may be administered under this subsection (4)(i). The rules adopted under this subsection must limit the drugs based on risk, class, or route.

(j) Intramuscular injections. A medical assistant-registered may administer intramuscular injections for diagnostic or therapeutic agents under the immediate supervision of a health care practitioner if the medical assistant-registered meets minimum standards established by the secretary in rule.

Unfortunately, despite the opposition of the AAMA and the WSSMA, this Washington bill was enacted into law.

Legal Advocacy
Legal Counsel Balasa was informed by leaders of the Nebraska Society of Medical Assistants that the initialism “CMA” was being used to refer to medication aides. CEO Balasa wrote a legal memorandum and forwarded it to the Nebraska SMA leaders. The following is an excerpt from this memorandum:

References to Medication Aides in Nebraska Law

Nebraska statutes and regulations contain the phrase “medication aide,” not “certified medication aide.” See Title 172, “Professional and Occupational Licensure,” and Chapters 95 and 96, “Administration Of Medications By Medication Aides And Medication Staff,” of the regulations of the Nebraska Department of Health and Human Services. The latter includes the following language:

002 DEFINITIONS: For the purposes of the Act and these regulations, the following definitions apply: …

Medication aide means an individual who has met all requirements of Title 172 Chapter 96 for registration and is listed on the Medication Aide Registry operated by the Department [of Health and Human Services].

Therefore, there is no basis under Nebraska law to refer to medication aides as “certified medication aides” or to use the initialism “CMA” to refer to a medication aide.

Alaska

CEO Balasa was contacted by a leader of the Alaska Medical Assistants Society in regard to a misuse of the phrase “certified medical assistant.” He emailed the following to the party who was misusing the phrase:

Apprenticeship programs can play an important role in the health care labor market. However, because the American Association of Medical Assistants (AAMA) has registered the phrase “certified medical assistant” with the United States Patent and Trademark Office to mean a medical assistant holding the CMA (AAMA), the description in the attached should read “medical assistant” and not “certified medical assistant.” Please see my attached article.

The AAMA requests that you change the reference in the attached from “certified medical assistant” to “medical assistant.”

He received the following response:

Dear Mr. Balasa,

Thank you for bringing this to our attention. This was an oversight on our part. We understand and appreciate the significance of the “certified medical assistant” (CMA (AAMA)) title.

We will remove all reference to this specific title on our apprenticeship materials and marketing.

North Carolina

Counsel Balasa was notified by a leader of the North Carolina Society of Medical Assistants that—similar to the Alaska incident described immediately above—the phrase “certified medical assistant” was being used incorrectly. He sent the following email:

The attached has been brought to my attention.

Because the American Association of Medical Assistants (AAMA) has registered the phrase
“certified medical assistant” with the United States Patent and Copyright Office to mean a medical assistant holding the CMA (AAMA), the description on page 7 of the attached should read “medical assistant training program” and not “certified medical assistant training program.”

Please see my attached article.

The AAMA requests that you change the reference in the attached from “certified medical assistant” to “medical assistant.”

He received the following response:

Thank you. We will make the necessary changes!

Minnesota

CEO Balasa received the following questions from a senior workforce strategist of a health system in Minnesota:

Here is what we would like to learn more about from the AAMA CAAHEP/ABHES standpoint and your perspective:

What qualifies programs to be accredited through the AAMA?

Why are there other MA programs in existence that are not accredited through the AAMA CAAHEP/ABHES?

Is it the curriculum that determines which programs are accredited through the AAMA?

Are there other requirements that MA programs must meet in order to be accredited through the AAMA?

Are there requirements for these programs beyond becoming accredited through the AAMA that the schools must adhere to?

What makes the AAMA accredited programs desirable for healthcare institutions to provide externships and then eventually employment?

Plus any other questions from our leadership that would be beneficial for us to understand.

CEO Balasa responded thusly:

Thank you for your email. I am happy to help! I am free for a video or audio meeting next Monday and Thursday, April 10 and 13.

Let me answer some of your questions.

A medical assisting program must be offered by a postsecondary school or be a part of a consortium affiliated with a postsecondary institution. The postsecondary school must be accredited by an institutional accrediting body recognized by the United States Department of Education (USDE) or the Council for Higher Education Accreditation (CHEA).

The program must meet the attached CAAHEP Standards and Guidelines for the Accreditation of Medical Assisting Programs. CAAHEP is the body that accredits medical assisting programs, upon the recommendation of the Medical Assisting Education Review Board (MAERB). The AAMA does not accredit medical assisting programs.

The two bodies authorized to accredit medical assisting programs are CAAHEP and ABHES, as you know. There are many medical assisting programs that are not CAAHEP- or ABHES-accredited. This is partly due to the fact that medical assisting is not a licensed profession in most states. These non-CAAHEP- or ABHES-accredited medical assisting programs are often shorter
than a CAAHEP- or ABHES-accredited program. They might teach just clinical or just administrative medical assisting. They may be at the high school/secondary level.

Meeting the curriculum requirements is an essential part of becoming and remaining CAAHEP accredited. There are other requirements, however. The attached addresses other requirements of CAAHEP accreditation.

I have attached articles and documents that may be of interest.

Graduates of CAAHEP-accredited medical assisting programs are generally excellent hires because of their thorough education. Many graduates of accredited programs take a national certification exam and obtain a medical assisting credential, such as the CMA (AAMA).

I hope this is helpful as an initial response. I look forward to meeting with you and your colleagues next week.

Updating of Occupational Outlook Handbook

CEO Balasa talked with an economist at the United States Department of Labor who is updating the entry for medical assistants in the *Occupational Outlook Handbook*. He provided information that was appreciated by the economist.

Acceptable Use Policy

House Legal Counsel Balasa drafted an “Agreement to Abide by AAMA Acceptable Use Policy for AAMA Digital Services.” This agreement has been reviewed and signed by AAMA volunteer leaders.

Accreditation of ABC-AHE under I.C.E./ANSI 1100

The AAMA Continuing Education Board (CEB) submitted its Assessment-Based Certificate in Allied Health Education (ABC-AHE) for accreditation under the American National Standard I.C.E./ANSI 1100. CEO Balasa assisted the CEB, Continuing Education and Membership Director Nick Mickowski, and LearnEthos (the assessment-based certificate vendor for the CEB) in preparing the application for accreditation under I.C.E. 1100.

Presentations for State Societies, Local Chapters, and Medical Assisting Programs

New York Medical Assisting Program

On March 31, 2023, CEO Balasa copresented virtually with B. David Sylvia, CMA (AAMA), a New York medical assisting educator and leader of the New York State Society of Medical Assistants (NYSSMA), to medical assisting students in a New York program. They spoke about initiatives to protect the scope of practice for medical assistants in New York and the benefits of student membership in the AAMA and the NYSSMA.

Virginia Society of Medical Assistants

CEO Balasa gave a virtual presentation on March 11, 2023, for the Virginia Society of Medical
Assistants about the legal and accreditation requirements that certifying and academic accreditation-recommending bodies must meet.

Springfield Chapter of the Missouri Society of Medical Assistants and Missouri Society of Medical Assistants

CEO Balasa gave a March 2, 2023, virtual continuing education session for the Springfield Chapter of the Missouri Society of Medical Assistants. The talk was received favorably. The President of the Missouri Society of Medical Assistants was in attendance and asked CEO Balasa to give a similar virtual session for the April 15, 2023, annual meeting of the Missouri Society of Medical Assistants. This session was also appreciated by the attendees.

Other Articles and Presentations

Ohio Room Scan Court Decision

CEO Balasa has written and spoken about Aaron M. Ogletree v. Cleveland State University, an Ohio federal district court decision. The following is an excerpt from his article “How Public Test Offerors Can Minimize Legal Exposure in Light of Ogletree v. Cleveland State University” that was published in the Winter 2023 issue of CLEAR Exam Review.

The August 22, 2022, grant of summary judgment by a federal district court in favor of a student who alleged that his constitutional rights were violated by his college’s room scan policy for remotely proctored exams has caused considerable confusion and consternation among test offerors. The purpose of this article is: (1) to clarify the factual background and legal bases for the trial court’s opinion in Ogletree v. Cleveland State University; and (2) to offer suggestions on how public test providers can avoid legal entanglements in light of Ogletree.

(In analyzing Ogletree it is important to remember that the Fourth Amendment applies only to government actors and not to private sector entities. Consequently, Cleveland State University—not the testing vendors providing services to the school—was sued for allegedly violating Mr. Ogletree’s constitutional rights.)

Ogletree v. Cleveland State University

Essential Facts

Aaron Ogletree was a student at Cleveland State University during the spring 2021 semester. Mr. Ogletree was required by the school to take all tests remotely because of “various health issues that impact[ed] his immune system and put him at particular risk [during] the COVID pandemic.” The original syllabus for his General Chemistry II class stated that the instructor and proctors “reserve the right to ask any student before, during, or after an exam to show their surroundings, screen, and/or work area.” Ogletree objected to this policy and the instructor removed it from the syllabus. An exam for this class was given February 21, 2021. Approximately two hours before the test the Cleveland State Testing Service emailed Mr. Ogletree and informed him that “the proctor would be checking your ID, your surroundings, and your materials.” In his response to the email Ogletree stated that he “currently [had] confidential settlement documents in the form of late arriving 1099s (a federal tax form) scattered about [his] work area (which was also his bedroom) and there is not enough time to secure them.” At the beginning of the exam Mr. Ogletree was asked by the proctor to scan his room and he complied.

Holding by the Court
Mr. Ogletree filed suit in federal court claiming that the room scan was an unreasonable search and seizure under the Fourth Amendment of the United States Constitution (as applicable to Cleveland State under the Fourteenth Amendment Due Process Clause because it is an instrumentality of the state of Ohio). The court first expounded at length on applicable Fourth Amendment case law:

The Fourth Amendment protects “[t]he right of the people to be secure in their persons, houses, papers, and effects against unreasonable searches and seizures.”…A Fourth Amendment search “occurs when the government violates a subjective expectation of privacy that society recognizes as reasonable.”…Even in the expressly protected location of a house, which receives heightened protection under the Fourth Amendment, a search within the meaning of the Constitution does not occur unless “the individual manifested a subjective expectation of privacy in the object of the challenged search,” and society is “willing to recognize that expectation as reasonable.” [Citations omitted.]

He has given co-presentations on this case for the Certification Network Group (CNG) and will be giving a presentation later this year for the Council on Licensure, Enforcement, and Regulation (CLEAR).

Audit Report for the Fiscal Year Ending June 30, 2022

According to the audit report for the fiscal year ending June 30, 2022, the revenue for the AAMA corporation (tax-exempt under Section 501(c)(6) of the Internal Revenue Code) was $7,361,786. The expense was $6,391,365. This reflects an excess of revenue over expense of $970,421. The net assets/net worth as of June 30, 2022, was $10,415,025. Projections for the fiscal year ending June 30, 2023, are for an excess of revenue over expense.

Meeting with Congressional Staff on Behalf of CAAHEP

In his capacity as President of the Commission on Accreditation of Allied Health Education Programs (CAAHEP), CEO Balasa—along with CAAHEP Executive Director Gina Scarboro and CAAHEP Washington, DC, Counsel Brandon Sherman, Esquire—met with congressional staffers in their offices on Capitol Hill on May 22, 2023, to discuss education and accreditation policy issues being debated by congressional committees and the United States Department of Education.

Move to Suite 3720 of the Civic Opera Building

As approved by the AAMA Board of Trustees, the AAMA Executive Office will be moving from Suite 1575 to Suite 3720 of the Civic Opera Building. Suite 3720 is smaller than the current space. As a result, rental costs will be decreased. Also, the owners of the Civic Opera Building filed for bankruptcy in 2022. Consequently, they and the trustees of the bankruptcy estate are eager to maintain current revenue streams and were willing to rent Suite 3720 for a reasonable monthly amount.

Devices that Monitor Blood Glucose and Compliance with the ADA in Examinations
On April 14, 2023, CEO Balasa attended a meeting at the office of the Certification Board for Diabetes Care and Education in Schaumburg, Illinois. The topic was medical devices in exam situations and how to maintain test security while complying with the Americans with Disabilities Act.

Donald Balasa
AAMA CEO and Legal Counsel