

2370 **American Association of Medical Assistants**

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2372 **Report of the CEO and Legal Counsel**
2373 **For the Period Ending October 2022**

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2375 The following is a summary of CEO Balasa’s priorities and accomplishments and an update on
2376 pertinent developments, since approximately Sept. 1, 2021.

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2378 The CEO’s focus has been on facilitating the AAMA’s accomplishment of its Mission and
2379 Strategic Issues Plan by (1) assisting President Licurs and all other volunteer leaders to achieve
2380 their goals; (2) scanning the external environment to discern opportunities and threats; and (3)
2381 overseeing the deployment of AAMA resources (e.g., staff and capital assets) in an effective and
2382 efficient manner.

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2384 **The Impact of Federal COVID-19 Vaccination Rules on Medical Assistants**

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2386 At the request of the AAMA BOT, Legal Counsel Balasa wrote “How Will Medical Assistants
2387 Be Impacted by the CMS COVID-19 Vaccination Rule?” which was published as a Public
2388 Affairs article in the January-February 2022 *CMA Today*.

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2390 **The Advisory Task Force (ATF) Advisory Program**

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2392 In response to the increasing number of questions about optimal utilization of medical assistants
2393 and CMAs (AAMA), the BOT—upon the recommendation of its Advisory Task Force (ATF)—
2394 established an Advisory Program “to provide the most up-to-date information about effective
2395 utilization of medical assistants, preferred staffing configurations, and the parameters and
2396 limitations of medical assisting scope of practice in the shifting legal landscape.” CEO Balasa
2397 wrote “AAMA Board of Trustees Creates the Advisory Program” that was published as a Public
2398 Affairs article in the November-December 2021 *CMA Today*. He described the Advisory Task
2399 Force and the Advisory Program as follows:

2400 The Board of Trustees ... appointed the members of the Advisory Task Force and selected
2401 AAMA staff to serve as subject-matter experts for the Advisory Program. Advisory Task Force
2402 members have considerable expertise in medical office staffing issues; management of small,
2403 medium, and large practices/clinics; patient-centered medical home formation and operation;
2404 clinical and administrative medical assisting; National Committee for Quality Assurance (NCQA)
2405 compliance; third-party reimbursement; and federal and state laws and their scope of practice
2406 impacts.

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2408 The Advisory Program target audiences will include, but will not be limited to, the following
2409 professionals: licensed providers and other clinical staff; medical managers and administrators in
2410 the areas of human resources, risk management, and compliance; managed and accountable care
2411 specialists; coding and reimbursement professionals.

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2413 **MARWeek Salute to Medical Assistants**

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2415 CEO Balasa wrote the following as a part of the AAMA’s messaging to medical assistants
2416 during MARWeek (October 2021):

2417 The AAMA Board of Trustees and AAMA staff recognize medical assistants as heroes who are
2418 “fighting the good fight” against the ongoing COVID-19 pandemic! Specifically, we are partnering
2419 with you and countering threats to your right to practice in this changing environment. Here are a few
2420 examples.

- 2421
- 2422 • An official of the Illinois Department of Health mass vaccination roll-out team contacted the
2423 AAMA Executive Office because he was uncertain whether Illinois law allowed medical
2424 assistants to administer COVID-19 vaccinations. AAMA staff analyzed the law and
2425 demonstrated that medical assistants were permitted to administer COVID-19 vaccinations if
2426 certain conditions were met.
- 2427
- 2428 • Convoluted language in Montana law was being misinterpreted to mean that medical
2429 assistants were permitted to perform injections but not immunizations. Correction of this
2430 misreading of the Montana law was published immediately in *Legal Eye: On Medical*
2431 *Assisting*.
- 2432
- 2433 • An Iowa medical assisting educator was asked by the local health department whether
2434 medical assistants were allowed to administer COVID-19 vaccinations under registered nurse
2435 supervision. AAMA staff pointed out language that persuaded the health department to
2436 authorize medical assistants to administer COVID-19 vaccinations.
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- 2438 • Maryland law did not allow nurse practitioners to delegate to medical assistants the
2439 administration of medication. AAMA staff helped draft a Maryland bill and submitted
2440 supportive testimony. The bill was signed into law in May of 2021.
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- 2442 • There was uncertainty about whether Texas law permitted medical assistants to initiate IVs.
2443 AAMA staff obtained a written opinion from the Texas Medical Board affirming that medical
2444 assistants could start IVs.
- 2445
- 2446 • Medical assistants were being told that they were not permitted to perform post-discharge
2447 medication reconciliation because of the wording of a National Committee for Quality
2448 Assurance (NCQA) measure. AAMA staff contacted NCQA staff and received a written
2449 response affirming that medical assistants could be delegated post-discharge medication
2450 reconciliation.

2451
2452 Medical assistants throughout the United States—the AAMA hails you as “heroes without capes!”
2453 We will remain vigilant and oppose threats to your right to practice so you can continue to protect the
2454 health of all Americans!

2455
2456 **AAMA Endorsement of the Proposed CAAHEP Standard**

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2458 CEO Balasa assisted President Licurs in writing a response to the proposed Commission on
2459 Accreditation of Allied Health Education Programs (CAAHEP) *Standards and Guidelines for*
2460 *the Accreditation of Educational Programs in Medical Assisting (Standards)*. The following is
2461 an excerpt from President Licurs’ Dec. 20, 2021, letter to MAERB Executive Director Sarah
2462 Marino:

2463 The AAMA Board of Trustees has voted to endorse the proposed CAAHEP *Standards and*
2464 *Guidelines for the Accreditation of Educational Programs in Medical Assisting*. However, the
2465 BOT offers the following to MAERB and the Accreditation Department.

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2467 Because shorter training programs for medical assistants (including certain types of
2468 apprenticeships) have arisen in very recent years and are: (1) capturing a share of the market for
2469 medical assisting education; and (2) competing (in some markets, effectively) with postsecondary
2470 accredited medical assisting programs, the AAMA Board of Trustees urges MAERB and you to
2471 explore whether there are ways that MAERB can encourage and assist CAAHEP-accredited
2472 medical assisting programs and their sponsoring institutions/schools with developing
2473 relationships with apprenticeship programs that are consistent with the current and proposed
2474 CAAHEP *Standards* and the current MAERB Policies and Procedures. The hope is that some
2475 apprenticeship programs can be incorporated into CAAHEP-accredited medical assisting
2476 programs, and fewer apprenticeship programs will remain in a different segment of the market for
2477 medical assisting education.

2478
2479 **Medical Group Management Association (MGMA)**

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2481 ***Medical Practice Excellence Leaders Conference***

2482 President Licurs, Immediate Past President Houston, Public Relations and Marketing Manager
2483 Llanos, and CEO and Legal Counsel Balasa staffed an exhibit booth at the MGMA Medical
2484 Practice Excellence Leaders Conference Oct. 24–27, 2021. Legal Counsel Balasa presented
2485 “Utilizing Medical Assistants to the Top of their Training: How Recent Law Changes Have
2486 Expanded their Scope of Work.” His session was well-attended, and he received many questions
2487 during and after the event.

2488 ***Solutions for Practice Staffing Shortages: Doing More with Less***

2489
2490 Because of the favorable evaluations of Mr. Balasa’s session at the MGMA Leaders Conference,
2491 he was asked to expand his talk and present it for the Dec. 16, 2021, MGMA online seminar
2492 *Solutions for Practice Staffing Shortages: Doing More with Less*.

2493
2494 **“Bylaws Basics” Presentations**

2495 With the approval of the AAMA BOT and the CEB, CEO and Legal Counsel Balasa presented
2496 on request “Bylaws Basics for Associations: Protocol for Member/Delegate Assemblies” for
2497 AAMA state societies and component chapters. He gave thirty-six (36) presentations between
2498 Jan. 1 and June 30, 2022.

2499
2500 **Interview for the Credentialing Resource Center of HCPro, a Division of Simplify
2501 Compliance LLC**

2502
2503 CEO Balasa was interviewed by the above-captioned company about how the medical assisting
2504 profession was being affected by the COVID-19 pandemic. He mentioned expansion of medical
2505 assisting scope of practice in areas such as telemedicine and nasopharyngeal swabbing. He also
2506 pointed to less stringent supervision requirements for medical assistants under the laws of some
2507 states.

2508
2509 **Partnerships**

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2511 ***NCCRT Presentation Addressing the Role of the AAMA in Increasing Colorectal Cancer
2512 Screening***

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2514 As previously reported, National Colorectal Cancer Roundtable (NCCRT) designated the
2515 AAMA as an “honoree recipient of the 2021 ‘80% in Every Community’ National Achievement
2516 Awards in the professional associations category.” Vice President Novak and CEO Balasa were
2517 asked to present at the virtual 2021 80% in Every Community Conference & NCCRT Annual
2518 Meeting Nov. 16, 2021. The title of their presentation was “How the AAMA Became a
2519 Dedicated Partner of the NCCRT in the ‘80% in Every Community’ Initiative.” Their
2520 presentation was commended by NCCRT staff and volunteer leaders.

2521

2522 ***Co-Signer of a Letter Urging Passage of the FASD Respect Act***

2523 Beginning in 2015, the AAMA has been a subgrantee under grants awarded by the Centers for
2524 Disease Control and Prevention (CDC) to the Center for the Application of Substance Abuse
2525 Technologies (CASAT) of the University of Nevada–Reno (UNR). These grants are part of a
2526 coordinated national effort to prevent fetal alcohol spectrum disorders (FASDs) by preparing
2527 medical assistants to assist their overseeing providers in reducing alcohol-exposed pregnancies.

2528

2529 The BOT authorized the AAMA to cosign a letter to Congress urging passage of the Advancing
2530 FASD Research, Prevention, and Services Act (S.2238 and H.R.4151), known as the “FASD
2531 Respect Act.”

2532

2533 ***Clarifying, Protecting, and Advancing the Right to Practice***

2534 ***District of Columbia COVID-19 Vaccination Administration***

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2536 In September of 202, the District of Columbia Department of Health amended its regulations to
2537 authorize medical assistants with required training who are functioning under the supervision of
2538 a licensed health professional to administer COVID-19 vaccinations.

2539

2540 ***Colorado Regulation Allowing Medical Assistants to Work in Inpatient Settings***

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2542 The Colorado Department of Regulatory Agencies (and some of its professional boards) issued
2543 November 2021 regulations allowing medical assistants to work under the authority of
2544 physicians, advanced practice registered nurses, and physician assistants in “hospitals and in-
2545 patient settings.” The following regulations were issued by the Board of Nursing:

2546

2547 2. Advanced practice registered nurses, including certified registered nurse anesthetists, and
2548 professional nurses may delegate services within their scope of practice to the following
2549 unlicensed persons working in a hospital or inpatient facility:

2550 ...

2551 b. Medical Assistants

2552

2553 3. Advanced practice registered nurses, including certified registered nurse anesthetists, and
2554 professional nurses are authorized to provide training to the Colorado licensed professionals and
2555 unlicensed persons set forth in Rule 1.27(C)(1) and (2).

2556

2557 4. In order to delegate services pursuant to Rule 1.27(C)(1) and (2), the advanced practice
2558 registered nurse, including certified registered nurse anesthetists, and professional nurse shall
2559 ensure, prior to the delegation, that the delegated service is within the knowledge, skill and
2560 training of the delegatee.

2561

2562 5. The advanced practice registered nurse, including certified registered nurse anesthetists, and
2563 professional nurse shall ensure on-premises availability to provide direction and supervision of
2564 the delegatee.

2565 6. The delegated services shall be routine, technical services, the performance of which do not
2566 require the special skill or decision-making ability of an advanced practice nurse, certified
2567 registered nurse anesthetist or professional nurse.
2568

2569 7. The prescription or selection of medications, performance of surgical or other invasive
2570 procedures and anesthesia services may not be delegated.
2571

2572 **Presentations**

2573 ***BOT Planning Session Presentation***

2574 CEO Balasa gave a presentation at the October 2021 BOT Planning Session on the corporate
2575 structures of the AAMA and the AAMA Endowment. He also explained the legal duties of the
2576 CB, the CEB, and MAERB under federal and state law and their accountability to
2577 accrediting/recognition and other third-party bodies.
2578

2579 ***CAAHEP Presentation on the New California “Earn and Learn” Law***

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2581 Legal Counsel Balasa presented a session at the CAAHEP Leadership Workshop Jan. 21, 2022,
2582 entitled “The New California ‘Earn and Learn’ Law: How Will It Affect CAAHEP and Its CoAs
2583 and Professions?” The following is an excerpt from his PowerPoint presentation:
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- 2585
- 2586 a. The California Department of Consumer Affairs (DCA) and the Department of Public Health
2587 (DPH) and their licensing boards are required to establish “earn and learn” eligibility
2588 pathways for their licensing examinations.
2589
 - 2590 b. The DCA and DPH boards are forbidden from (1) approving an academic accrediting body in
2591 one of the licensed professions that prohibits its accredited programs from offering “earn and
2592 learn” options; and (2) prohibiting “earn and learn” training programs.
2593
 - 2594 c. DCA, DPH, and their boards are not required to mandate that an academic accrediting body
2595 ensure that its accredited programs (or even one program) in California offer an “earn and learn”
2596 option.
2597

2598 ***HPN Presentation on Microcredentials***

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2600 Legal Counsel Balasa presented “Should a Microcredential Be Developed? Theoretical and
2601 Practical Considerations and a Case Study” for the Health Professions Network (HPN) virtual
2602 Fall Meeting in November of 2021. Note the following excerpt from his presentation:
2603

2604 **Theoretical and practical threshold questions**

- 2605
- 2606 1. Is there sufficient demand for a microcredential?
2607 (Is there sufficient empirical evidence to justify the development of a microcredential?)
2608

- 2609 2. Is the short-term and long-term estimated revenue generated by a microcredential
2610 program greater than the estimated initial and ongoing costs of creating and maintaining a
2611 microcredential program?
2612 3. Will a microcredential program divert demand (and therefore revenue) from a
2613 “macrocredential” program? If so, is this an acceptable outcome for the body offering the
2614 two programs? Is it possible to estimate and compare the estimated net revenue from the
2615 microcredential program with the estimated decrease in net revenue (if any) from the
2616 macrocredential program?
2617

2618 ***NN2 Presentation***

2619
2620 The National Network of Health Career Programs in Two-Year Colleges (NN2) held its annual
2621 meeting “Emerging Landscape for Health Education Leadership” in late September and early
2622 October of 2021. CEO Balasa addressed the controversial question of whether student externs
2623 and faculty supervisors entering a health care delivery setting can be required to receive COVID-
2624 19 vaccinations under federal and state law. He answered this question in the affirmative.
2625

2626 ***Montana Society of Medical Assistants***

2627 On Oct. 9, 2021, Legal Counsel Balasa presented a virtual CEU session for the Montana Society
2628 of Medical Assistants entitled “Montana Medical Assisting Scope of Practice under the
2629 Authority of Physicians, Physician Assistants, and Nurse Practitioners.”
2630

2631 ***East Central Chapter of the Indiana Society of Medical Assistants***

2632 CEO Balasa presented a virtual 90-minute CEU session for the East Central Chapter of the
2633 Indiana Society of Medical Assistants Oct. 16, 2021. His topic was the expansion of the medical
2634 assisting scope of practice resulting from recent state and federal law changes.
2635

2636 **House Legal Counsel Responsibilities**

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2638 Legal Counsel Balasa has continued to provide assistance to state societies on the legalities and
2639 practicalities of (1) holding virtual house of delegates or general assembly meetings; (2) voting
2640 by remote means for state society officers and directors, and delegates and alternates to the
2641 AAMA House of Delegates; (3) abiding by federal, state, and local requirements in response to
2642 the COVID-19 pandemic, such as masking, social distancing, and requiring proof of vaccination
2643 for admission to meetings. The laws governing these issues vary from state to state, and
2644 municipality to municipality.
2645

2646 He has continued to help constituent state societies and component chapters with issues
2647 involving bylaws, parliamentary procedure, suspected or actual misappropriation of funds,
2648 records retention, obtaining an Employer Identification Number/Taxpayer Identification Number
2649 (EIN/TIN), incorporation, responding to questions from the Internal Revenue Service, and the
2650 ineligibility of states and chapters for state sales tax exemption. He has sent cease and desist
2651 letters to medical assistants who are using the CMA (AAMA) credential and are not CMAs
2652 (AAMA), and to former CMAs (AAMA) who are using the credential even though their CMA
2653 (AAMA) is not current.
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2655 **Professional Leadership Positions and Meetings**

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CAAHEP

CEO Balasa continues to serve as President of the Commission on Accreditation of Allied Health Education Programs (CAAHEP). He is enjoying working with Gina Scarboro, D.B.A., CAA, new CAAHEP Executive Director. He wrote the following for his “From the President” article for the May 2022 CAAHEP *Communiqué*:

How national accreditation of health education programs enhances interstate mobility of health professionals

Donald A. Balasa, JD, MBA, President, CAAHEP
May 27, 2022

The negative effects of states having differing and incompatible licensing requirements for health professionals were brought to light as never before during the COVID-19 pandemic. Emergency legislation, suspension of licensing board rules, and executive orders from state governors (and, in a few instances, from federal agency heads) were necessary to deploy health professionals to areas of the United States that were being impacted most severely by the coronavirus. Legislators and regulators from both political parties were united in advocating that permanent change be made to the patchwork quilt of state licensing laws for health professionals.

Many policy solutions (e.g., interstate compacts, model statutes and rules, licensing reciprocity, and universal license recognition) had been devised and implemented (to some extent) prior to the pandemic. Efforts to reduce barriers to interstate mobility and practice for health professionals have only intensified during the last twelve months. However, one essential aspect of this problem has not been fully recognized: the importance of education programs in each health profession being held to national standards and being accredited by a national accrediting body.

Professional regulation usually consists of three requirements: education, examination, and (for some professions) experience. I would argue that education is the most foundational of these three components. If there are inconsistent education prerequisites for entry into a health profession, it becomes very difficult to even begin the discussion of state licensing reciprocity. There is another major, seemingly unprecedented, current challenge in the labor market for health professionals—the pervasive and persistent shortage of qualified individuals willing to work. Decision makers in some states have sought to address this shortage by creating less rigorous and shorter education pathways. This may offer a minor and temporary solution to the workforce shortage. However, I would assert that the short-term benefit of increasing the pool of professionals by attenuating the education requirement: (1) would be outweighed by the long-term lessening in the quality of care; and (2) would perpetuate barriers to interstate mobility because the truncated education would differ from the national standard and from legally mandated education in other states.

In the final analysis, then, adhering to national accreditation standards of health professional education is indispensable for both safeguarding public health and removing barriers to interstate portability of professional credentials. The Commission on Accreditation of Allied Health Education Programs is proud to be a part of the programmatic accreditation community that is committed to accomplishing both of these policy objectives.

I.C.E.

2705 CEO Balasa continues to serve on the Institute for Credentialing Excellence (I.C.E.) Government
2706 Affairs Committee and Accreditation Services Council.

2707

2708 ***CLEAR***

2709

2710 In November of 2021, Legal Counsel Balasa was appointed to the position of vice-chair of the
2711 Council on Licensure, Enforcement, and Regulation (CLEAR) Entry to Practice Standards and
2712 Continuing Competence Program Subcommittee.

2713 ***AMA***

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2715 The AAMA is an Official Observer of the American Medical Association (AMA) House of
2716 Delegates. CEO Balasa has continued to represent the AAMA at the AMA House of Delegates
2717 either in person or by virtual means.

2718

2719 **Protecting the Right to Practice: Tow Major Legislative Victories**

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2721 ***Connecticut Legislation Allowing Educated and Credentialed Medical Assistants to***
2722 ***Administer Vaccinations***

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2724 After unsuccessful efforts extending over three decades, Connecticut enacted a law that allows
2725 medical assistants with specific education and credentialing to perform vaccinations under the
2726 authority and supervision of specified licensed independent practitioners.

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2728 The new law reads as follows:

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2730 (NEW) (Effective October 1, 2022) (a) For purposes of this section, “clinical medical assistant”
2731 means a person who (1) (A) is certified by the American Association of Medical Assistants, the
2732 National Healthcareer Association, the National Center for Competency Testing or the American
2733 Medical Technologists, and (B) has graduated from a postsecondary medical assisting program
2734 that is accredited by the Commission on Accreditation of Allied Health Education Programs, the
2735 Accrediting Bureau of Health Education Schools or another accrediting organization recognized
2736 by the United States Department of Education, or (ii) offered by an institution of higher education
2737 accredited by an accrediting organization recognized by the United States Department of
2738 Education and that includes a total of seven hundred twenty hours, including one hundred sixty
2739 hours of clinical practice skills, including, but not limited to, administering injections, or (2) has
2740 completed relevant medical assistant training provided by any branch of the armed forces of the
2741 United States.

2742

2743 (b) A clinical medical assistant may administer a vaccine under the supervision, control and
2744 responsibility of a physician licensed pursuant to chapter 370 of the general statutes, a physician
2745 assistant licensed pursuant to chapter 370 of the general statutes, or an advanced practice
2746 registered nurse licensed pursuant to chapter 378 of the general statutes to any person in any
2747 setting other than a hospital setting. Prior to administering a vaccine, a clinical medical assistant
2748 shall complete not less than twenty-four hours of classroom training and not less than eight hours
2749 of training in a clinical setting regarding the administration of vaccines. Nothing in this section
2750 shall be construed to permit an employer of a physician, a physician assistant, or an advanced
2751 practice registered nurse to require the physician, physician assistant or advanced practice
2752 registered nurse to oversee a clinical medical assistant in the administration of a vaccine without

2753 the consent of the physician, physician assistant or advanced practice registered nurse.

2754

2755 Passage of this bill is one of the most significant legislative victories in the history of the
2756 AAMA. Legal Counsel Balasa commends the legislative leaders of the Connecticut Society of
2757 Medical Assistants (CSMA) (present and past) and other parties who have worked tirelessly and
2758 intrepidly over many years to regain the right to administer injections. The AAMA and all
2759 medical assistants throughout the United States owe the CSMA a huge debt of gratitude!

2760 ***South Carolina Legislation Differentiating Educated and Credentialed Medical Assistants***
2761 ***from Other Medical Assistants and Clarifying the Authority of Nurse Practitioners and***
2762 ***Physician Assistants to Delegate to Medical Assistants***

2763

2764 During the last seven years, ambiguity has crept into South Carolina law as to whether physician
2765 assistants and advanced practice registered nurses (especially nurse practitioners) have the legal
2766 authority to delegate to unlicensed allied health professionals such as medical assistants the
2767 administration of injections. South Carolina law also did not differentiate the scope of practice of
2768 formally educated and credentialed medical assistants from that of other medical assistants.

2769

2770 Legislation was introduced into the South Carolina legislature to address these two matters.
2771 Legal Counsel Balasa analyzed the bill, met with leaders of the South Carolina Society of
2772 Medical Assistants (SCSMA), explained how the language could be improved, and advised the
2773 SCSMA leaders how to proceed. With the assistance of AAMA Trustee Sandra Williams, CMA
2774 (AAMA), on April 19, 2022, Legal Counsel Balasa testified on the bill before the South Carolina
2775 House of Representatives Occupational Regulation and Licensing Boards Subcommittee of the
2776 Medical, Military, Public and Municipal Affairs Committee. He recommended corrections of
2777 errors in the bill and modifications of some of its substantive provisions. Two eloquent
2778 physicians representing SCMA spoke in favor of the bill. One of the physicians, Dr. Chris
2779 Wright, called Trustee Williams and Legal Counsel Balasa and stated that the SCMA would urge
2780 key legislators to incorporate the revisions Legal Counsel Balasa had suggested.

2781

2782 This bill was enacted into law and signed by the Governor May 16, 2022. The following are key
2783 excerpts from the final version of this legislation:

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2785 Physicians and miscellaneous health care professionals, definitions

2786 SECTION 4. A. Section 40-47-20 of the 1976 Code, as last amended by Act 234 of 2018, is
2787 further amended by adding appropriately numbered new items to read:

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2789 “() ‘Certified medical assistant’ or ‘CMA’ means a person who is a graduate of a post-secondary
2790 medical assisting education program accredited by the National Healthcare Association, or its
2791 successor; by the Committee on Allied Health Education and Accreditation of the American
2792 Medical Association, or its successor; by the Accrediting Bureau of Health Education Schools, or
2793 its successor; or by any accrediting agency recognized by the United States Department of
2794 Education. The accredited post-secondary medical assisting education program must include
2795 courses in anatomy and physiology, medical terminology, pharmacology, medical laboratory
2796 techniques, and clinical experience. A certified medical assistant must maintain current
2797 certification from the certifying board of the American Association of Medical Assistants, the
2798 National Center for Competency Testing, the National Certification Medical Association,
2799 American Medical Technologists, or any other recognized certifying body approved by the Board

2800 of Medical Examiners.

2801
2802 () ‘Unlicensed assistive personnel’ or ‘UAP’ means persons not currently licensed by the Board
2803 of Nursing as nurses, or persons who are not certified medical assistants as defined in Section 40-
2804 47-20(), who perform routine nursing tasks that do not require a specialized knowledge base or
2805 the judgment or skill of a licensed nurse. Nursing tasks performed by unlicensed assistive
2806 personnel must be performed under the supervision of a physician, physician assistant, APRN,
2807 registered nurse, or licensed practical nurse. Unlicensed assistive personnel must not administer
2808 medications except as otherwise provided by law.”

2809 B. CMAs include medical assistants who are currently employed in that capacity as of the
2810 effective date of this act who do not have the certification required by this SECTION but who
2811 achieve such certification no later than two years after the effective date of this act.

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2813 Physicians and miscellaneous health care professionals, delegation of tasks

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2815 SECTION 5. Article 1, Chapter 47, Title 40 of the 1976 Code is amended by adding:

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2817 “Section 40-47-196. (A) Specific tasks may be delegated to a CMA by a physician, physician
2818 assistant if authorized to do so in his scope of practice guidelines, or advanced practice registered
2819 nurse if authorized to do so in his practice agreement. The scope of practice guidelines for a
2820 physician assistant and the practice agreement for an advanced practice registered nurse must
2821 address what tasks may be appropriately delegated to a CMA, provided, however, that the
2822 following tasks must not be delegated to a CMA by a physician assistant or advanced practice
2823 registered nurse:

- 2824
2825 (1) administering controlled medications, intravenous medications, contrast agents, or
2826 chemotherapy agents;
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2828 (2) injecting neurotoxin products, neuro modulatory agents, or tissue fillers;
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2830 (3) using lasers or instruments that results in tissue destruction;
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2832 (4) placing sutures;
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2834 (5) taking radiographs or using any ionizing radiation unless the CMA is also a certified limited
2835 practice radiographer;
2836
2837 (6) analyzing, interpreting, or diagnosing symptoms or tests;
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2839 (7) triaging patients; and
2840
2841 (8) performing a clinical decision-making task by means of telemedicine.

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2843 (B) A physician, physician assistant, or advanced practice registered nurse may delegate
2844 specified tasks to a CMA pursuant to the following requirements:

- 2845
2846 (1) the task must be delegated directly to the CMA by the physician, physician assistant, or
2847 advanced practice registered nurse, and not through another licensed practitioner;
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- 2849 (2) the task must be performed when the physician, physician assistant, or advanced practice
2850 registered nurse delegating the task is in such close proximity as to be immediately available
2851 to the CMA if needed;
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- 2853 (3) the physician, physician assistant, or advanced practice registered nurse delegating the task
2854 must determine that the task is within the training and competency of the CMA and will not
2855 pose a significant risk to the patient if improperly performed;
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- 2857 (4) the task must not involve the verbal transmission of an order or prescription to a licensed
2858 person if the licensed person requires the order or prescription to be in writing; and
- 2859 (5) the CMA must wear an appropriate badge identifying the CMA's status, which must be
2860 clearly visible to the patient at all times.
2861
- 2862 (C)(1) A physician or physician assistant, pursuant to the physician assistant's scope of practice
2863 guidelines, may delegate nursing tasks to UAP under the supervision of the physician or
2864 physician assistant. Such nursing tasks include, but are not limited to, the following:
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- 2866 (a) meeting patients' needs for personal hygiene;
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- 2868 (b) meeting patients' needs relating to nutrition;
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- 2870 (c) meeting patients' needs relating to ambulation;
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- 2872 (d) meeting patients' needs relating to elimination;
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- 2874 (e) taking vital signs;
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- 2876 (f) maintaining asepsis; and
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- 2878 (g) observing, recording, or reporting any of the nursing tasks enumerated in this subsection.
2879
- 2880 (2) APRNs may delegate nursing tasks to UAP pursuant to Section 40-33-42.

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2882 Time effective
2883

2884 SECTION 7. This act takes effect sixty days after approval by the Governor.
2885

2886 Mr. Balasa commends SCSMA for this noteworthy legislative victory. Enactment of this
2887 legislation should establish a national precedent that the scope of practice for medical assistants
2888 working under physicians, nurse practitioners, and physician assistants should be consistent in
2889 statute and rule.
2890

2891 ***Delaware***
2892

2893 Legal Counsel Balasa submitted the following letter to the Delaware Board of Nursing regarding
2894 a proposed amendment to its rules:
2895

2896 I am writing on behalf of the American Association of Medical Assistants (AAMA), the national
2897 professional society for medical assistants, in regard to the following proposed addition to the

2898 regulations of the Delaware Board of Nursing:

2899

2900 8.7.15.1 APRNs are authorized to assign and supervise medication administration to a medical
2901 assistant if the medical assistant has successfully completed a medical assistant training program
2902 and possesses current national medical assistant certification.

2903

2904 8.7.15.1.1 If a practice is solely operated by APRNs, the APRN must be present in the building
2905 when the medical assistant is administering medications and assumes liability for the actions of
2906 the medical assistant.

2907

2908 8.7.15.2 When a physician delegates to a medical assistant, and an organizational policy exists to
2909 allow the APRN to assign and supervise the medical assistant, the physician retains responsibility
2910 and accountability for the actions of the medical assistant and will be notified of unsafe or
2911 improper practices.

2912

2913 It is the position of the AAMA that medical assistants who have completed a medical assistant
2914 training program that includes medication administration theory and technique, and who have a
2915 current national medical assistant certification such as the CMA (AAMA) that tests knowledge
2916 needed to safely administer medication, should be permitted to administer medication under the
2917 authority of advanced practice registered nurses (APRNs)—including nurse practitioners—and
2918 other licensed independent practitioners such as physicians.

2919

2920 **Other Presentations**

2921

2922 ***MGMA Spin-Off Presentations***

2923

2924 • In response to his two previous presentations in October and December of 2021 (see
2925 above), CEO Balasa was asked to present a slightly revised version of his talk for an
2926 April 12, 2022, MGMA webinar entitled “Medical Assistants’ Scope of Service:
2927 Optimizing Delegation While Avoiding Legal Problems”

2928

2929 • Upon recommendation of MGMA staff, CEO Balasa participated in a “human resource
2930 expert panel” presentation at the June 16, 2022, Illinois MGMA Annual Conference

2931

2932 • He will be presenting “Medical Assisting Scope of Practice under Virginia Law: State
2933 and Federal Trends that Are Impacting Scope of Practice,” at the Oct. 3, 2022, Virginia
2934 Medical Group Management Association Annual Conference

2935

2936 ***Launch of the ATF Advisory Program***

2937

2938 The AAMA BOT ATF Advisory Program was unveiled at the 2021 AAMA Annual Conference.
2939 The first ATF client is True Health based in Sanford, Florida. Vice President Novak, Vice
2940 Speaker Wicker, and CEO Balasa gave presentations and answered questions for True Health
2941 staff. True Health was pleased with these presentations and grateful for the information provided
2942 by the ATF Advisory Program representatives.

2943

2944 ***ATF Spin-Off Presentation***

2945

2946 On July 14, 2022, CEO Balasa co-presented (virtually) with AAMA Past President and ATF
2947 member Paula Purdy, CMA (AAMA), “Legal Basics of Medical Assisting Education,
2948 Certification, and Scope of Practice” for the American Urological Association (AUA) 2022
2949 Practice Management and Coding Program. The AUA had found information about Purdy from
2950 the ATF Advisory Program information on the AAMA website.

2951

2952 ***Virginia Department of Education***

2953

2954 On July 11, 2022, Legal Counsel Balasa virtually presented “Medical Assisting Scope of
2955 Practice under Virginia Law; State and Federal Trends that Are Impacting Medical Assisting
2956 Education” for the Virginia Department of Education.

2957

2958 ***NAHUC Presentation***

2959

2960 CEO Balasa will be presenting “How Trends in Federal and State Law Are Impacting Telehealth
2961 and Remote Delivery of Health Care” at the Aug. 19, 2022, National Association of Health Unit
2962 Coordinators (NAHUC) Education Conference. For the last three years the AAMA has partnered
2963 with NAHUC regarding continuing education presentations of interest to both professions and
2964 associations.

2965

2966 ***New Hampshire SMA Presentation***

2967

2968 CEO Balasa presented by videoconference “Medical Assisting Scope of Practice under New
2969 Hampshire and Federal Law” for the New Hampshire Society of Medical Assistants April 19,
2970 2022.

2971

2972 ***Workforce Intelligence Network/Health Careers Alliance of Southeast Michigan***

2973

2974 On April 13, 2022, CEO Balasa addressed the above-captioned organization about the shortage
2975 of medical assistants in southeast Michigan. The following is a description of this meeting from
2976 one of its organizers that provides insight into the employment situation in Southeast Michigan
2977 and in other parts of the United States:

2978

2979 I serve as the convenor of the Health Careers Alliance (HCA) of Southeast Michigan, an
2980 employer-led collaborative that is focused on recruiting, training, hiring, and employing the
2981 healthcare workforce in southeast Michigan which includes the greater Detroit and Lansing
2982 regions of the state. Not unlike other parts of Michigan, Southeast Michigan has a critical need
2983 for medical assistants. The HCA has a subcommittee dedicated to this very need and has
2984 identified prioritizing career awareness as a strategy to attract more individuals to the profession.
2985 The audience would be employers of both large and small organizations, educators from
2986 community colleges and other training providers, as well as state healthcare associations,
2987 Michigan workforce agencies, and state government representatives.

2988

2989 ***ADA Presentations***

2990

2991 Legal Counsel Balasa has co-presented on the Americans with Disabilities Act (ADA) and its
2992 impact on providing accommodations for examination candidates who have a disability as

2993 defined in the ADA and the Title III regulations of the United States Department of Justice. He
2994 will co-present on the ADA at annual conferences of the
2995 • Association of Test Publishers (ATP);
2996
2997 • American Board of Medical Specialties (ABMS)—an organization for which CEO
2998 Balasa has never presented; and
2999
3000 • Institute for Credentialing Excellence (I.C.E.).

3001 ***Micro-Credentialing Joint Presentation***

3002
3003 On Feb. 9, 2022, CEO Balasa gave a virtual co-presentation entitled “Should a Micro-Credential
3004 Be Developed? Theoretical and Practical Considerations and a Case Study” for the Certification
3005 Network Group (CNG).
3006

3007 **Articles and Documents**

3008
3009 ***Public Affairs***

3010
3011 Legal Counsel Balasa wrote the following for his Public Affairs features in *CMA Today*:

- 3012 • “How Will Medical Assistants Be Impacted by the CMS COVID-19 Vaccination Rule?”
3013 (January/February 2022)
3014
3015 • “Utilizing Medical Assistants to the Top of Their Training: How Recent Law Changes
3016 Have Expanded Their Scope of Service” (March/April 2022)
3017
3018 • “Delegation to Medical Assistants under Florida Law” (May/June 2022)
3019
3020 • “Key Scope of Practice Legislation Is Enacted in Connecticut and South Carolina”
3021 (July/August 2022)
3022
3023
3024 • “The Less-Regulation Movement: Why Certification Is a Viable Option for Professional
3025 Regulation” (September/October 2022)
3026

3027 ***“Misuse of Medical Assisting Credentials May Have Legal Consequences”***

3028
3029 At the request of the Board of Trustees, CEO Balasa wrote the above-titled document. It has
3030 been published in *Legal Eye: On Medical Assisting*.
3031

3032 **Medical Device News Magazine**

3033
3034 Mr. Balasa’s article “Changes in Federal and State Law That Have Expanded Medical
3035 Assistants’ Scope of Service” was published in the April 18, 2022, *Medical Device News*
3036 *Magazine*. He is grateful to Francesca Llanos, Public Relations and Marketing Manager, for
3037 finding this writing opportunity. It appears that the AAMA has reached a new audience through

3038 this article.

3039

3040 ***Scope of Practice “One-Pagers”***

3041

3042 The Michigan Society of Medical Assistants (MSMA) asked Legal Counsel Balasa to write a
3043 one-page summary of the scope of practice for medical assistants under Michigan law. This
3044 summary can be posted on the website of the MSMA. Hard copies of the summary can be
3045 distributed at meetings.

3046

3047 Legal Counsel Balasa has written one-pagers for the Ohio and Oregon state societies and is
3048 willing to write one-pagers for other state societies that ask him to do so.

3049

3050 **Education Boards**

3051

3052 ***Certifying Board***

3053 CEO Balasa assisted Certification Director Katie Gottwaldt and Certification Operations
3054 Manager Lee Rumpel in preparing for the virtual accreditation site visit from the International
3055 Accreditation Service (IAS), the body that accredits the CMA (AAMA) Program and the CB of
3056 the AAMA under International Standard ISO/IEC 17024:2012(E), Conformity assessment—
3057 General requirements for bodies operating certification of persons. The site visit evaluation was
3058 favorable, and accreditation was extended by IAS for two additional years.

3059

3060 Legal Counsel Balasa is providing assistance as needed to the CB and Director Gottwaldt and
3061 Manager Rumpel with the many issues involved in the transition of examination development
3062 and delivery services from the National Board of Medical Examiners to PSI Services (PSI).

3063

3064 ***Continuing Education Board***

3065

3066 CEO Balasa has continued to help the CEB in maintaining and obtaining accreditation of some
3067 of its assessment-based certificates (ABCs) by the Institute for Credentialing Excellence (I.C.E.)
3068 Assessment-Based Certificate Accreditation Council under I.C.E. 1100: 2019—Standard for
3069 Assessment-Based Certificate Programs—an American National Standard. He also continues to
3070 write the test questions for the continuing education articles in *CMA Today*.

3071

3072 **Legislative and Executive-Branch Initiatives**

3073

3074 ***Colorado Health Care Workforce Coalition***

3075

3076 The Colorado Hospital Association (CHA) invited the Colorado Society of Medical Assistants
3077 (and the AAMA) to become a part of the Colorado Health Care Workforce Coalition (Coalition).
3078 The purpose of the Coalition is to draft omnibus legislation and work with Colorado state
3079 legislators to effect its enactment. The Coalition is pertinent to the medical assisting profession
3080 because its spending provisions include increased funding for medical assisting education. Legal
3081 Counsel Balasa and Colorado Society of Medical Assistants President Chris Hollander, CMA
3082 (AAMA), participated in four videoconference meetings of the Coalition.

3083

3084 **Colorado**

3085

3086 The Colorado Department of Regulatory Agencies (DORA) issued emergency rules permitting
3087 medical assistants to work under the authority of physicians, registered nurses (and APRNs), and
3088 physician assistants in a “hospital or inpatient facility.”

3089

3090 **Washington DOH Proposed Rule Amendments**

3091

3092 The Washington Department of Health (DOH) gave notice of proposed amendments to its
3093 medical assisting regulations that would create a new supervision category of “telemedicine
3094 supervision.” This proposed rule would also exempt a medical assistant with a current medical
3095 assisting credential accepted by the WA DOH from having to take the same examination (or
3096 another exam acceptable to the WA DOH) if the medical assistant obtained initial certification
3097 earlier than the five years immediately prior to the application for MA-C status.

3098

3099 In cooperation with the leaders of the Washington State Society of Medical Assistants
3100 (WSSMA), Legal Counsel Balasa wrote and submitted a comment on behalf of the WSSMA and
3101 the AAMA in support of this proposed amendment. The following is an excerpt from this
3102 comment:

3103

3104 The Washington State Society of Medical Assistants and the American Association of Medical
3105 Assistants are grateful that the Washington Department of Health has proposed the following
3106 amendment to WAC 246-827-0200, Medical assistant-certified—Training and examination:

3107 An applicant for a medical assistant-certified credential must meet the following
3108 requirements:

3109

3110 ...
3111 (2) Pass a medical assistant certification examination, approved by the secretary, within
3112 five years of submitting an initial application or currently hold a national medical
assistant certification with a national examining organization approved by the secretary.

3113

3114 ...
3115 This amendment is needed because the current requirement for obtaining an initial MA-C
3116 mandates that medical assistants who passed a certification examination more than five (5) years
3117 prior to applying for an initial MA-C take a superfluous and redundant examination. The added
3118 language exempting medical assistants who “currently hold a national medical assistant
3119 certification with a national examining organization approved by the secretary” from taking a
3120 “medical assistant certification examination” eliminates the current redundancy without
3121 diminishing the quality of medical assisting services provided by MA-Cs.

3121

3122 **Washington**

3123

3124 The Washington Department of Health issued emergency rules allowing medical assistants-
3125 certified (MA-Cs) to complete a “fast-track” training program and become nursing assistants.

3126

3127 **Texas**

3128

3129 In response to a request from CEO Balasa, the Texas Medical Board issued a written opinion that
3130 the Texas Medical Practice Act permits physicians to delegate to knowledgeable and competent
3131 unlicensed professionals such as medical assistants the initiation and discontinuation of IVs and

3132 other IV tasks as long as the medical assistant has been deemed competent by the
3133 overseeing/delegating physician.

3134

3135 ***Utah***

3136

3137 The Utah legislature amended the Utah statutes to allow medical assistants to administer
3138 vaccinations under general physician supervision rather than onsite physician supervision. Note
3139 the definition of “general supervision” in Utah law:

3140

3141 (c) “General supervision” means that the supervising licensee (i.e., physician):

3142

3143 (i) has authorized the work to be performed by the person being supervised;

3144

3145 (ii) is available for consultation with the person being supervised by personal face-to-face
3146 contact, or direct voice contact by telephone, radio or some other means, without regard
3147 to whether the supervising licensee is located on the same premises as the person being
3148 supervised; and

3149

3150 (iii) can provide any necessary consultation within a reasonable period of time

3151

3151 **General**

3152

3153 ***New State Society***

3154

3155 A new Kansas Society of Medical Assistants has been organized. Its bylaws have been approved
3156 by the AAMA Board of Trustees and delegates from the Kansas Society of Medical Assistants
3157 will be seated at the 2022 HOD in Myrtle Beach, South Carolina.

3158

3159 Donald Balasa, JD, MBA

3160 AAMA CEO and Legal Counsel