Federal policy and the pandemic

How the pandemic and changes in federal policy have expanded medical assistants' scope of practice

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The COVID-19 pandemic has proven to be a catastrophic public health crisis. Medical assistants, as well as all other health professionals, have been impacted in unanticipated and unprecedented ways. In the early days of the pandemic, pronouncements by federal agencies and executive orders by state governors expanded medical assistants' legal scope of practice. When the long-awaited vaccines were made available, legal barriers to medical assistants administering vaccinations were largely removed. This article will discuss these government actions and how they have changed—perhaps permanently—the knowledge, skills, and professional attributes and behaviors medical assistants are now expected to have and to demonstrate.

Telehealth

Centers for Disease Control and Prevention

In a June 10, 2020, guidance[1] on how to expand access to health care during the COVID-19 pandemic, the Centers for Disease Control and Prevention (CDC) affirmed that medical assistants and other health care professionals are permitted to interact with patients by several means. Note the following from this CDC guidance:

> **Telehealth Modalities**
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> Several telehealth modalities allow HCP [health care personnel] and patients to connect using technology to deliver health care:
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> - **Synchronous:** This includes real-time telephone or live audio-video interaction typically with a patient using a smartphone, tablet, or computer.
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> o In some cases, peripheral medical equipment (e.g., digital stethoscopes, otoscopes, ultrasounds) can be used by another HCP (e.g., nurse, *medical assistant* [italics added]) physically with the patient, while the consulting medical provider conducts a remote evaluation.[1]

Nasopharyngeal swabbing

Centers for Medicare & Medicaid Services

The Centers for Medicare & Medicaid Services (CMS) published an interim final rule with comment period in the April 6, 2020, *Federal Register*.[2] Its language supports the legal position that medical assistants are permitted to perform nasopharyngeal swabbing to test for COVID-19. Note the following excerpts from this CMS rule:

> Even if the patient is confined to the home because of a suspected diagnosis of an infectious disease as part of a pandemic event … a nasal or throat culture … could be obtained by an appropriately-trained [*sic*] *medical assistant* or laboratory technician. …
>
> Services furnished by auxiliary personnel (such as nurses, *medical assistants*, or other clinical personnel acting under the supervision of the [rural health clinic] or [federally qualified health center] practitioner) are considered to be incident to the visit and are included in the per-visit payment. [Italics added.][2]

New York

The New York State Board for Medicine has taken the position that physicians may not delegate certain invasive procedures to unlicensed allied health professionals such as medical assistants. In response to the early crisis period of the COVID-19 pandemic, New York Governor Andrew Cuomo declared a state disaster emergency that included the following provision:

> I hereby temporarily suspend or modify … the following: …
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> Sections 6521 and 6902 of the Education Law, to the extent necessary to permit unlicensed individuals, upon completion of training deemed adequate by the Commissioner of Health, to collect throat or nasopharyngeal swab specimens from individuals suspected of being infected by COVID-19, for purposes of testing; and to the extent necessary to permit non-nursing staff, upon completion of training deemed adequate by the Commissioner of Health, to perform tasks, under the supervision of a nurse, otherwise limited to the scope of practice of a licensed or registered nurse;[3]

Administration of COVID-19 vaccinations

CDC

When the administration of COVID-19 vaccinations was beginning in the United States, the CDC published *COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*.[4] The purpose of this publication is to assist state and local public health programs "to plan and operationalize a vaccination response to COVID-19 within their jurisdictions."[4] Note the reference to medical assistants as "vaccinators":

> Verify COVID-19 vaccination providers have active, valid licensure/credentials to possess and administer vaccine. This licensure verification is needed only for those with prescribing authority (e.g., [doctor of medicine (MD), doctor of osteopathic medi-

cine (DO), registered pharmacist (RPh), nurse practitioner (NP), physician assistant (PA)]) who will oversee COVID-19 vaccine administration. Credential verification is not required for *vaccinators* who work under the authority of someone with a higher level of licensure (i.e., not required for pharmacy [technicians]/interns, RNs [registered nurses], LPNs [licensed practical nurses], *medical assistants*, etc.) [italics added].[4]

National Council of State Boards of Nursing

In its December 15, 2020, policy brief, the National Council of State Boards of Nursing (NCSBN) stated that knowledgeable and competent certified medical assistants may be delegated COVID-19 vaccine administration:

> Waivers by the [state or territorial] governor or [board of nursing] may be necessary to authorize an RN or LPN/VN [licensed practical nurse and licensed vocational nurse] to delegate vaccine administration to *certified medical assistants*, medication aides, and emergency medical technicians/paramedics that have been trained in COVID-19 informed consent, vaccine administration, COVID-19 vaccine side effects, emergency management of adverse reactions and the principles of reconstitution and proper storage [italics added].[5]

Tennessee

As demand for allied health professionals to administer the COVID-19 vaccines increased rapidly, state governors issued executive orders waiving certain elements of their state law to enable knowledgeable and competent medical assistants to be delegated, and to administer, COVID-19 vaccinations. For example, on December 4, 2020, Tennessee governor Bill Lee issued Executive Order No. 68.[6]

In part, this order authorizes "medical assistants certified by the American Association of Medical Assistants [to be delegated] tasks that would normally be within the practical nurse scope of practice, including, but not limited to, administration of COVID-19 vaccinations."[6] Tasks delegable to certified medical assistants "are required to have been ordered and authorized by a Tennessee licensed practitioner with prescriptive authority" and "performed under the supervision of the delegating registered nurse."[6]

The authority of physicians to delegate directly to medical assistants the administration of COVID-19 vaccinations is addressed in other provisions of Tennessee law.

Washington

Also, state departments of health have clarified (as necessary) the fact that COVID-19 vaccinations may be delegated to, and may be administered by, knowledgeable and competent medical assistants. For example, the Washington State Department of Health published a list of health professionals permitted to administer the COVID-19 vaccine under licensed provider authority and supervision. Note the following:

> Medical assistant-certified
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> Can administer vaccine(s)? Yes
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> Requires supervision? Yes
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> Task must be delegated by a provider with the activity in their scope of practice: MD/DO, RN, ARNP [advanced registered nurse practitioner], Naturopathic Physician, PA/DOPA [osteopathic physician assistant]. The requirements for the supervising health care practitioner to be physically present and immediately available in the facility are waived under Governor Inslee's Proclamation 20-32. The supervisor only has to be immediately available, which may be by remote means.[7] ✦

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References

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