

2227 **American Association of Medical Assistants®**

2228 **Report of the Chief Executive Officer and House Legal Counsel**

2229 **For the Period Ending (Approximately) July 1, 2023**

2230

2231 The following is a summary of Chief Executive Officer (CEO) Donald Balasa’s priorities and
 2232 accomplishments and an update on pertinent developments, since (approximately) the American
 2233 Association of Medical Assistants (AAMA) Annual Conference, October 21 through 24, 2022,
 2234 in Myrtle Beach, South Carolina.

2235 The CEO’s focus has been on facilitating the AAMA’s accomplishment of its mission and
 2236 Strategic Issues Plan by (1) assisting President Deborah Novak and all other volunteer leaders to
 2237 achieve their goals; (2) scanning the external environment to discern opportunities and threats;
 2238 and (3) overseeing the deployment of AAMA resources (e.g., staff and capital assets) in an
 2239 effective and efficient manner.

2240

2241 **Partnership Presentations**

2242 ***Medical Group Management Association (MGMA) Financial and Operations Conference***

2243 CEO Balasa attended the Medical Group Management Association (MGMA) Financial and
 2244 Operations Conference March 19 through 21, 2023, and presented “A Comparative Analysis of
 2245 Recent Ambulatory Care Staffing Models.” This session was different from the ones he gave at
 2246 MGMA meetings in 2022. As the title implies, this talk focused more on economic analysis than
 2247 scope of practice issues.

2248 In addition, these attendees were in a wider variety of categories of management than those who
 2249 typically attend the MGMA Leadership Conference. They were, for example, human resource,
 2250 operations, and financial managers and had different foci than the chief executive officers who
 2251 constitute the majority of attendees at the MGMA Leadership Conference.

2252 The following are excerpts from his presentation:

2253 Three (3) principles of staff utilization

2254 • Staff should be utilized to the “top of their education/licensing/certification.”

2255 • Staff should be trained to assume as many roles as feasible (as permitted by law and as long as
 2256 they are competent in each role).

2257 • To the greatest extent possible, staff should be retained.

2258 ...

2259 *Ready, Risk, Reward* white paper, Premier Inc.

2260 • “Optimizing Primary Care Model Design to Improve Performance,” August 8, 2019

2261 • Three (3) primary care paradigms:

2262 • Medical assistants only—42%

2263 • Medical assistants and either RNs or LPNs—54%

- 2264 • Medical assistants, RNs, and LPNs—24%
- 2265 • “Clinics with MA-only models and comparable staff-to-provider clinical full-time equivalent
- 2266 ratios were just as likely to achieve top quartile performance as higher skill-mix models, inclusive
- 2267 of RNs.”
- 2268 • Primary care delivery settings with medical assistants only were just as productive as settings
- 2269 with the other two paradigms.

2270 ***Pacific Northwest Regional MGMA Medical Management Conference***

2271 On May 8, 2023, CEO Balasa presented “How Effective Utilization of Medical Assistants Can

2272 Result in More Efficient Delivery of Healthcare” in Tacoma, Washington, for the Pacific

2273 Northwest Regional MGMA Medical Management Conference. His talk was so favorably

2274 received that he was asked to give the same presentation that afternoon, which he did.

2275 ***MGMA State Conference Presentations***

2276 In addition to the national MGMA events (in person and virtual) and the Pacific Northwest

2277 Regional Conference, in 2022 and 2023 CEO Balasa presented on similar topics for the Illinois,

2278 Virginia, and Ohio MGMA affiliates.

2279 ***National Colorectal Cancer Roundtable***

2280 CEO Balasa is a member of the Policy Action Team of the National Colorectal Cancer

2281 Roundtable (NCCRT). This position enables him to utilize his public policy expertise to assist

2282 the NCCRT in accomplishing its legislative and regulatory objectives. He participated in a

2283 virtual meeting of the Policy Action Team April 27, 2023.

2284 ***Center for the Application of Substance Abuse Technologies (CASAT) and the CDC***

2285 CEO Balasa and AAMA Past President Rebecca Walker, CMA (AAMA), were part of a panel

2286 presentation sponsored by the Center for the Application of Substance Abuse (CASAT) and the

2287 Centers for Disease Control and Prevent (CDC) entitled “Promoting Substance-Free Pregnancy:

2288 What Medical Assistants Need for Effective Practice.” This session was recorded and will be

2289 available on the AAMA website as a continuing education course.

2290

2291 ***MARWeek Interview for Fox News-Chicago***

2292 CEO Balasa was interviewed during Medical Assistants Recognition Week (MARWeek),

2293 October 17 through 21, 2022, by Fox News-Chicago. His interview was aired on the Fox News-

2294 Chicago station.

2295

2296 ***Subgrantee under a New CDC Grant***

2297 Beginning in 2015 the AAMA has been a subgrantee under grants awarded by the Centers for

2298 Disease Control and Prevention (CDC) to the Center for the Application of Substance Abuse

2299 Technologies (CASAT) of the University of Nevada, Reno (UNR). These grants are part of a

2300 coordinated national effort to prevent fetal alcohol spectrum disorders (FASDs) by preparing

2301 medical assistants to assist their overseeing providers in reducing alcohol-exposed pregnancies.

2302 The AAMA has been designated as a subgrantee under a new grant awarded by the CDC to the

2303 CASAT of the UNR. This grant is for national partnerships to address prenatal alcohol and other
2304 substance use and FASDs. The following is a description of this specific project under this grant:

2305 The University of Nevada, Reno and the American Association of Medical Assistants (AAMA)
2306 are serving medical assistants through the Medical Assistant Partnership for Healthy Pregnancies
2307 and Families (MAP). Activities implemented by MAP will achieve the following short-term
2308 outcomes: 1) Demonstrated collaboration between clinical and public health partners dedicated to
2309 prenatal alcohol/other substance use and FASD-related services; 2) Improve capacity of state and
2310 local networks to reach affected populations with relevant, evidence-based messaging and
2311 services; 3) Increased identification of AAMA member knowledge, current practices, and
2312 organizational needs; 4) Increased use of evidence-based information and resources by MAs
2313 about prenatal alcohol/other substances use; 5) Increased use of evidence-based information and
2314 resources by MA educators in courses about prenatal alcohol/other substances; and 6) Increase
2315 knowledge related to the risks of prenatal alcohol and other substance use.

2316

2317 **NCCRT Annual Meeting**

2318 Speaker of the House Aimee Wicker, CMA (AAMA), PCMH CCE, and CEO Balasa attended
2319 the National Colorectal Cancer Roundtable (NCCRT) 2022 Annual Meeting, November 16
2320 through 18, 2022, in Baltimore, Maryland. The NCCRT volunteer leaders and staff continue to
2321 recognize the AAMA as a valuable partner in the crusade to reduce (and eventually eliminate)
2322 the incidence of colorectal cancer in the United States.

2323

2324 **Article for PAHCOM Journal**

2325 Legal Counsel Balasa was asked by the Professional Association of Health Care Office
2326 Management (PAHCOM) staff to write an article about medical assistants for the PAHCOM
2327 Journal. (He has written articles for PAHCOM in the recent and distant past.) He submitted an
2328 article entitled “Recent Changes in State Law Clarify and Expand Medical Assistants’ Scope of
2329 Work.” This article was published December 28, 2022.

2330 In June of 2023 CEO Balasa was asked to submit another article for publication in the PAHCOM
2331 Journal. He submitted “Steps for Determining Medical Assistants’ Scope of Practice under State
2332 Law.” It will be published in a future issue of the PAHCOM Journal.

2333

2334 **Educators Forum Article**

2335 CEO Balasa wrote an article for Educators Forum in the May/June 2023 issue of *CMA Today*
2336 entitled “Amendments to Education Regulations: How Potential Revisions Could Affect Health
2337 Programs.”

2338

2339 **Presentation to the 2022 House of Delegates**

2340 Legal Counsel Balasa gave a presentation for the 2022 AAMA House of Delegates (October 22,
2341 2022) about the Certifying Board (CB) of the AAMA, the Continuing Education Board (CEB) of
2342 the AAMA, and the Medical Assisting Education Review Board (MAERB), and the bodies to
2343 which each board is accountable.

2344 The CMA (AAMA)[®] Certification Program and the CB of the AAMA are accredited
2345 (respectively) by the National Commission for Certifying Agencies (NCAA) and the
2346 International Accreditation Service (IAS). The CB must be in compliance with (1) the NCCA
2347 *Standards for the Accreditation of Educational Programs*; and (2) International Standard
2348 ISO/IEC 17024:2012(E), Conformity assessment— General requirements for bodies operating
2349 certification of persons, to maintain these accreditations. The CMA (AAMA) Certification
2350 Program is the only medical assisting certification that is accredited both by the NCCA and
2351 under ISO 17024.

2352 Some of the CEB’s assessment-based certificates are accredited by the Institute for Credentialing
2353 Excellence (I.C.E.) under I.C.E. 1100:2019–Standard for Assessment-Based Certificate (ABC)
2354 Programs. The CEB’s ABCs that are accredited must be in compliance with I.C.E. 1100 to
2355 maintain their accreditation. The CEB is the only provider of medical assisting continuing
2356 education that has accreditation for some of its assessment-based certificates.

2357 MAERB is a committee on accreditation (CoA) of the Commission on Accreditation of Allied
2358 Health Education Programs (CAAHEP). MAERB must abide by CAAHEP policies to remain a
2359 CoA of CAAHEP. CAAHEP is recognized as a programmatic accreditor by the Council for
2360 Higher Education Accreditation (CHEA). CAAHEP (and, indirectly, its committees on
2361 accreditation such as MAERB) must abide by the *CHEA Standards and Procedures for
2362 Recognition* to maintain recognition by CHEA.

2363

2364 **Testimony at Arizona Medical Board Hearing**

2365 The Arizona Medical Board proposed the following amendment to its medical assisting rules:

2366 **ARTICLE 4. MEDICAL ASSISTANTS**

2367 **R4-16-401. Medical Assistant Training Requirements**

2368 A. After the effective date of this Section, a supervising physician or physician assistant shall
2369 ensure that before a medical assistant is employed, the medical assistant completes either one of
2370 the following:

2371 1. An approved training program identified in R4-16-101; or

2372 2. An unapproved training program and successfully passes the medical assistant examination
2373 administered by a certifying organization accredited by either the National Commission for
2374 Certifying Agencies or the American National Standards Institute; or

2375 3. A training program that meets the requirements of A.R.S. § 32-1456(D) and is designed and
2376 offered by a physician.

2377

2378 **A.R.S. § 32-1456(D)** is as follows:

2379 D. The board by rule shall prescribe medical assistant training requirements. The training
2380 requirements for a medical assistant may be satisfied through a training program that meets all of
2381 the following:

2382 1. Is designed and offered by a physician.

2383 2. Meets or exceeds any of the approved training program requirements specified in rule.

- 2384 3. Verifies the entry-level competencies of a medical assistant as prescribed by rule.
- 2385 4. Provides written verification to the individual of successful completion of the training program.

2386 CEO Balasa attended a December 7, 2022, virtual hearing of the Arizona Medical Board and
2387 urged it to amend its proposed amendment as follows:

- 2388 3. A training program that meets the requirements of A.R.S. § 32-1456(D) and is designed and
2389 offered by a physician and successfully passes the medical assistant examination administered by
2390 a certifying organization accredited by either the National Commission for Certifying Agencies or
2391 the American National Standards Institute

2392

2393 **Colorado Health Care Workforce Coalition**

2394 Colorado Society of Medical Assistants President Chris Hollander, CMA (AAMA), and CEO
2395 Balasa continue to participate in the virtual meetings of the Colorado Health Workforce
2396 Coalition (Coalition), a collaborative public policy group organized by the Colorado Hospital
2397 Association in early 2022 to draft omnibus legislation that included funding for medical assisting
2398 programs. The legislation was signed into law and the Coalition continues to meet and work to
2399 ensure that the provisions of the legislation are put into effect.

2400

2401 **Exhibiting at the AAMC Annual Conference**

2402 CEO Balasa and Marketing Director Gina Mokijewski staffed an exhibit booth at the Annual
2403 Conference of the Association of American Medical Colleges (AAMC) in Nashville, Tennessee,
2404 November 12 through 14, 2022.

2405

2406 **Public Affairs Articles**

2407 Legal Counsel Balasa wrote the following “Public Affairs” articles for *CMA Today*:

- 2408 • “Two State Nursing Boards Recognize Educated and Credentialed Medical Assistants”
- 2409 • “Why Professional Regulation Laws Vary from State to State”
- 2410 • “Principles for Determining Whether to Develop a Microcredential”
- 2411 • “Why the Certifying Board of the AAMA and the Medical Assisting Education Review
2412 Board Are Accountable to Third Parties”
- 2413 • “Boards of Nursing Should Authorize APRNs to Delegate to Medical Assistants”
- 2414 • “How Optimal Utilization of Allied Health Professionals (Including Medical Assistants)
2415 Can Result in More Effective Delivery of Health Care”

2416

2417 **CAAHEP Symposium Presentations**

2418 CEO Balasa, who is serving as President of the Commission on Accreditation of Allied Health
2419 Education Programs (CAAHEP), co-presented the following two sessions at the CAAHEP
2420 Symposium January 20 and 21, 2023, in Tampa, Florida:

2421 • “CAAHEP Update & Strategic Plan”

2422 • “Balancing Innovation with Regulation in Health Professions Education and

2423 Accreditation”

2424

2425 **ATP Annual Conference Presentation**

2426 CEO Balasa copresented “Accommodations 101” at the Association of Test Publishers (ATP)

2427 Innovations in Testing Annual Conference March 12 through 15, 2023, in Dallas, Texas.

2428

2429 **CLEAR Articles**

2430 CEO Balasa had two of his articles posted on the website of the Council on Licensure,

2431 Enforcement, and Regulation (CLEAR). These articles are “Response Article to Remote

2432 Proctoring Room Scan Decision” (September 8, 2022) and “Continuing Education Provider Sues

2433 Certifying Board on Antitrust Grounds” (October 5, 2022).

2434 Here are excerpts from the second of these two articles:

2435 **“Continuing Education Provider Sues Certifying Board on Antitrust Grounds”**

2436 On September 13, 2022, the Association of Surgical Assistants (ASA), a national provider of

2437 continuing education for surgical assistants, sued the National Board of Surgical Technology and

2438 Surgical Assisting (NBSTSA), a national board that certifies surgical technologists and surgical

2439 assistants, in federal district court alleging that the NBSTSA violated the federal and Colorado

2440 antitrust laws that prohibit unreasonable restraint of trade and monopolizing.

2441 ...

2442 In its complaint the Association of Surgical Assistants asserts that the National Board of Surgical

2443 Technology and Surgical Assisting is violating Section 1 of the federal Sherman Act that forbids

2444 any [unreasonable] contract, combination, or conspiracy in restraint of trade. Note the following

2445 from the complaint:

2446 • ... [NBSTSA leaders] conspired to cause NBSTSA to effectively boycott ASA.

2447 • ... NBSTSA’s actions have caused an unreasonable restraint on trade in the market space

2448 for continuing education credits for...surgical assistants by ensuring the Association of

2449 Surgical Technologists (AST) is the sole provider and processor of these credits in the

2450 nation.

2451 • ... NBSTSA’s actions have damaged ASA by devaluing the ASA membership and have

2452 prevented ASA from engaging in its business of providing and processing continuing

2453 education credits for...surgical assistants.

2454 The ASA complaint also avers that the NBSTSA is in violation of Section 2 of the Sherman Act

2455 that prohibits monopolization and attempts at monopolizing. The complaint includes the

2456 following:

2457 • ... [NBSTSA leaders] caused NBSTSA to exclude ASA from seeking accreditation as a

2458 provider and processor of continuing education credits for...surgical assistants.

2459 • As a result, [NBSTSA leaders] and NBSTSA ensured AST maintains the entire market

2460 share for providing and processing continuing education credits for...surgical assistants

2461 nationwide.

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- 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.

2469

2470 **I.C.E.**

2471 CEO Balasa continued to serve on the Institute for Credentialing Excellence (I.C.E.)
2472 Accreditation Services Council and the Government Affairs Committee.

2473

2474 **CLEAR Midyear Business Meeting**

2475 CEO Balasa was appointed to leadership positions with the Council on Licensure, Enforcement,
2476 and Regulation (CLEAR). He attended the CLEAR Midyear Business Meeting in Savannah,
2477 Georgia, January 11 through 13, 2023.

2478

2479 **House Legal Counsel Responsibilities**

2480 CEO Balasa has continued to help constituent state societies and component chapters with issues
2481 involving bylaws, parliamentary procedure, suspected or actual misappropriation of funds,
2482 records retention, obtaining an Employer Identification Number/Taxpayer Identification Number
2483 (EIN/TIN), incorporation, responding to questions from the Internal Revenue Service, and the
2484 ineligibility of states and chapters for state sales tax exemption. He has sent cease and desist
2485 letters to medical assistants who are using the CMA (AAMA) credential and are not CMAs
2486 (AAMA) and to former CMAs (AAMA) who are using the credential even though their CMA
2487 (AAMA) is not current.

2488

2489 **Legislative and Executive Branch Advocacy**

2490 After the 2022 legislative and executive branch victories in Connecticut, South Carolina,
2491 Delaware, and South Dakota, there have been some positive developments and one negative
2492 development during the first half of 2023.

2493 **Arkansas**

2494 CEO Balasa received the following email from a staffer of the Arkansas State Board of Nursing:

2495 I am with the Arkansas State Board of Nursing. We are looking at revising our delegation rules
2496 for APRNs delegating to MAs. I found the AAMA website doing some research on medical
2497 assistants and various state laws regarding nursing delegation.

2498 He informed the staffer about the amendments to the respective regulations of the Delaware and
2499 South Dakota Boards of Nursing addressing delegation to educated and credentialed medical
2500 assistants and forwarded language he had drafted previously for the Arkansas Board of Nursing.

2501 ***National Council of State Boards of Nursing***

2502 CEO Balasa contacted a government affairs colleague on the staff of the American Association
2503 of Nurse Practitioners (AANP) with whom he has worked for eight years. He informed her that
2504 he was planning to contact all American boards of nursing and urge them to adopt regulations (or
2505 draft legislation) that would permit advanced practice registered nurses (APRNs)—especially
2506 nurse practitioners—to delegate certain types of injections (including vaccines) to appropriately
2507 educated and currently credentialed medical assistants. Collaboration between the AANP and the
2508 AAMA could facilitate other state boards of nursing adopting amendments to their rules similar
2509 to those of the Delaware and South Dakota Boards of Nursing.

2510 ***New York***

2511 Similar to Connecticut law, New York medical assisting law has been restrictive for many
2512 decades. The New York State Society of Medical Assistants (NYSSMA) has worked hard for
2513 over thirty years to get the law changed. Two new allies have come forth who are working with
2514 the NYSSMA to broaden the scope of practice for medical assistants through legislation or
2515 amended regulations. These allies are the Medical Health Associates of Western New York and
2516 the Community Health Care Association of New York State. The former submitted a resolution
2517 that was adopted by the House of Delegates of the Medical Society of the State of New York
2518 (MSSNY) at its April 2023 annual meeting. The resolution reads as follows:

2519 **Limited Expansion of Scope of Work for Credentialed Medical Assistants to Perform**
2520 **Vaccinations:**

2521 At the House, our physicians testified how it has become unsustainable for practices to remain
2522 open and be able to afford to continue to perform vaccinations. As such, our 8th District
2523 Delegates and physicians throughout the State plead for NYS to replicate measures already
2524 enacted in other jurisdictions throughout the country where Certified Medical Assistants are
2525 authorized to administer vaccines.

2526 The AAMA and the NYSSMA stand ready to help in any way with forthcoming legislation.

2527 ***North Carolina***

2528 On April 19, 2023, a bill was introduced into the North Carolina legislature that would create a
2529 pilot program for medical assistants to serve as “school medical assistants.” This is likely the
2530 first legislation of its kind in the history of medical assisting. It is uncertain how much support
2531 this bill will garner. Regardless, this legislation evidences the growing recognition of medical
2532 assistants as being valuable and versatile allied health professionals.

2533 ***Washington***

2534 A bill was introduced into the Washington legislature on January 5, 2023. Note the following
2535 comments that were submitted jointly by the AAMA and the Washington State Society of
2536 Medical Assistants:

2537 Comments of the American Association of Medical Assistants (AAMA) and the Washington
2538 State Society of Medical Assistants (WSSMA) on ESHB 1073, An Act Relating to Medical
2539 Assistants

2540 March 9, 2023

2541 *Basis of opposition to ESHB 1073*

2542 The American Association of Medical Assistants (AAMA) and its affiliated state society the
2543 Washington State Society of Medical Assistants (WSSMA) wish to express our grave concern
2544 about certain provisions of ESHB 1073, An Act Relating to Medical Assistants. The AAMA and
2545 the WSSMA take the position that amending the medical assisting statute to permit medical
2546 assistants-registered (MA-Rs) who, by definition, have not necessarily completed formal medical
2547 assisting education and have not passed a national medical assisting examination measuring
2548 medical assisting knowledge, would jeopardize the health and welfare of Washington residents.

2549 ...

2550 As stated in the above *Basis of opposition to ESHB 1073*, MA-Rs are not required to have formal
2551 medical assisting training or pass a medical assisting examination. This lack of verification of
2552 medical assisting knowledge and skill by third-party entities argues against expanding the scope
2553 of practice of MA-Rs to include advanced clinical tasks that pose a greater likelihood of injury to
2554 patients if performed negligently.

2555 *Proposed statutory amendments that pose a threat to patient safety*

2556 The following addition of delegable duties to MA-Rs under ESHB 1073 potentially threatens the
2557 well-being of patients:

2558 (4) A medical assistant-registered may perform the following duties delegated by, and
2559 under the supervision of, a health care practitioner:

2560 ...

2561 (i) Administering medications:

2562 (i) A medical assistant-registered may only administer medications if the drugs are:

2563 (A) Administered only by unit or single dosage, or by a dosage calculated and verified by
2564 a health care practitioner. For purposes of this section, a combination or multidose
2565 vaccine shall be considered a unit dose;

2566 (B) Limited to legend drugs, vaccines, and Schedule III through V controlled substances
2567 as authorized by a health care practitioner under the scope of his or her license and
2568 consistent with rules adopted by the secretary under (i)(ii) of this subsection; and

2569 (C) Administered pursuant to a written order from a health care practitioner.

2570 (ii) A medical assistant-registered may only administer medication for intramuscular
2571 injections. A medical assistant-registered may not administer experimental drugs or
2572 chemotherapy agents. The secretary may, by rule, further limit the drugs that may be
2573 administered under this subsection (4)(i). The rules adopted under this subsection must
2574 limit the drugs based on risk, class, or route.

2575 (j) Intramuscular injections. A medical assistant-registered may administer intramuscular
2576 injections for diagnostic or therapeutic agents under the immediate supervision of a
2577 health care practitioner if the medical assistant-registered meets minimum standards
2578 established by the secretary in rule.

2579 Unfortunately, despite the opposition of the AAMA and the WSSMA, this Washington bill was
2580 enacted into law.

2581

2582 **Legal Advocacy**

2583 **Nebraska**

2584 Legal Counsel Balasa was informed by leaders of the Nebraska Society of Medical Assistants
2585 that the initialism “CMA” was being used to refer to medication aides. CEO Balasa wrote a legal
2586 memorandum and forwarded it to the Nebraska SMA leaders. The following is an excerpt from
2587 this memorandum:

2588 **References to Medication Aides in Nebraska Law**

2589 Nebraska statutes and regulations contain the phrase “medication aide,” not “certified medication
2590 aide.” See Title 172, “Professional and Occupational Licensure,” and Chapters 95 and 96,
2591 “Administration Of Medications By Medication Aides And Medication Staff,” of the regulations
2592 of the Nebraska Department of Health and Human Services. The latter includes the following
2593 language:

2594 002 DEFINITIONS: For the purposes of the Act and these regulations, the following
2595 definitions apply: ...

2596 Medication aide means an individual who has met all requirements of Title 172 Chapter
2597 96 for registration and is listed on the Medication Aide Registry operated by the
2598 Department [of Health and Human Services].

2599 *Therefore, there is no basis under Nebraska law to refer to medication aides as “certified*
2600 *medication aides” or to use the initialism “CMA” to refer to a medication aide.*

2601 **Alaska**

2602 CEO Balasa was contacted by a leader of the Alaska Medical Assistants Society in regard to a
2603 misuse of the phrase “certified medical assistant.” He emailed the following to the party who was
2604 misusing the phrase:

2605 Apprenticeship programs can play an important role in the health care labor market. However,
2606 because the American Association of Medical Assistants (AAMA) has registered the phrase
2607 “certified medical assistant” with the United States Patent and Trademark Office to mean a
2608 medical assistant holding the CMA (AAMA), the description in the attached should read
2609 “medical assistant” and not “certified medical assistant.” Please see my attached article.

2610 The AAMA requests that you change the reference in the attached from “certified medical
2611 assistant” to “medical assistant.”

2612 He received the following response:

2613 Dear Mr. Balasa,

2614 Thank you for bringing this to our attention. This was an oversight on our part. We understand
2615 and appreciate the significance of the “certified medical assistant” (CMA (AAMA)) title.

2616 We will remove all reference to this specific title on our apprenticeship materials and marketing.

2617 **North Carolina**

2618 Counsel Balasa was notified by a leader of the North Carolina Society of Medical Assistants
2619 that—similar to the Alaska incident described immediately above—the phrase “certified medical
2620 assistant” was being used incorrectly. He sent the following email:

2621 The attached has been brought to my attention.

2622 Because the American Association of Medical Assistants (AAMA) has registered the phrase

2623 “certified medical assistant” with the United States Patent and Copyright Office to mean a
2624 medical assistant holding the CMA (AAMA), the description on page 7 of the attached should
2625 read “medical assistant training program” and not “certified medical assistant training program.”
2626 Please see my attached article.

2627 The AAMA requests that you change the reference in the attached from “certified medical
2628 assistant” to “medical assistant.”

2629 He received the following response:

2630 Thank you. We will make the necessary changes!

2631 ***Minnesota***

2632 CEO Balasa received the following questions from a senior workforce strategist of a health
2633 system in Minnesota:

2634 Here is what we would like to learn more about from the AAMA CAAHEP/ABHES standpoint
2635 and your perspective:

2636 What qualifies programs to be accredited through the AAMA?

2637 Why are there other MA programs in existence that are not accredited through the AAMA
2638 CAAHEP/ABHES?

2639 Is it the curriculum that determines which programs are accredited through the AAMA?

2640 Are there other requirements that MA programs must meet in order to be accredited through the
2641 AAMA?

2642 Are there requirements for these programs beyond becoming accredited through the AAMA that
2643 the schools must adhere to?

2644 What makes the AAMA accredited programs desirable for healthcare institutions to provide
2645 externships and then eventually employment?

2646 Plus any other questions from our leadership that would be beneficial for us to understand.

2647 CEO Balasa responded thusly:

2648 Thank you for your email. I am happy to help! I am free for a video or audio meeting next
2649 Monday and Thursday, April 10 and 13.

2650 Let me answer some of your questions.

2651 A medical assisting program must be offered by a postsecondary school or be a part of a
2652 consortium affiliated with a postsecondary institution. The postsecondary school must be
2653 accredited by an institutional accrediting body recognized by the United States Department of
2654 Education (USDE) or the Council for Higher Education Accreditation (CHEA).

2655 The program must meet the attached CAAHEP *Standards and Guidelines for the Accreditation of*
2656 *Medical Assisting Programs*. CAAHEP is the body that accredits medical assisting programs,
2657 upon the recommendation of the Medical Assisting Education Review Board (MAERB). The
2658 AAMA does not accredit medical assisting programs.

2659 The two bodies authorized to accredit medical assisting programs are CAAHEP and ABHES, as
2660 you know. There are many medical assisting programs that are not CAAHEP- or ABHES-
2661 accredited. This is partly due to the fact that medical assisting is not a licensed profession in most
2662 states. These non-CAAHEP- or ABHES-accredited medical assisting programs are often shorter

2663 than a CAAHEP- or ABHES-accredited program. They might teach just clinical or just
 2664 administrative medical assisting. They may be at the high school/secondary level.

2665 Meeting the curriculum requirements is an essential part of becoming and remaining CAAHEP
 2666 accredited. There are other requirements, however. The attached addresses other requirements of
 2667 CAAHEP accreditation.

2668 I have attached articles and documents that may be of interest.

2669 Graduates of CAAHEP-accredited medical assisting programs are generally excellent hires
 2670 because of their thorough education. Many graduates of accredited programs take a national
 2671 certification exam and obtain a medical assisting credential, such as the CMA (AAMA).

2672 I hope this is helpful as an initial response. I look forward to meeting with you and your
 2673 colleagues next week.

2674

2675 **Updating of *Occupational Outlook Handbook***

2676 CEO Balasa talked with an economist at the United States Department of Labor who is updating
 2677 the entry for medical assistants in the *Occupational Outlook Handbook*. He provided information
 2678 that was appreciated by the economist.

2679

2680 **Acceptable Use Policy**

2681 House Legal Counsel Balasa drafted an “Agreement to Abide by AAMA Acceptable Use Policy
 2682 for AAMA Digital Services.” This agreement has been reviewed and signed by AAMA
 2683 volunteer leaders.

2684

2685 **Accreditation of ABC-AHE under I.C.E./ANSI 1100**

2686 The AAMA Continuing Education Board (CEB) submitted its Assessment-Based Certificate in
 2687 Allied Health Education (ABC-AHE) for accreditation under the American National Standard
 2688 I.C.E./ANSI 1100. CEO Balasa assisted the CEB, Continuing Education and Membership
 2689 Director Nick Mickowski, and LearnEthos (the assessment-based certificate vendor for the CEB)
 2690 in preparing the application for accreditation under I.C.E. 1100.

2691

2692 **Presentations for State Societies, Local Chapters, and Medical Assisting Programs**

2693 ***New York Medical Assisting Program***

2694 On March 31, 2023, CEO Balasa copresented virtually with B. David Sylvia, CMA (AAMA), a
 2695 New York medical assisting educator and leader of the New York State Society of Medical
 2696 Assistants (NYSSMA), to medical assisting students in a New York program. They spoke about
 2697 initiatives to protect the scope of practice for medical assistants in New York and the benefits of
 2698 student membership in the AAMA and the NYSSMA.

2699 ***Virginia Society of Medical Assistants***

2700 CEO Balasa gave a virtual presentation on March 11, 2023, for the Virginia Society of Medical

2701 Assistants about the legal and accreditation requirements that certifying and academic
2702 accreditation-recommending bodies must meet.

2703 ***Springfield Chapter of the Missouri Society of Medical Assistants and Missouri Society of***
2704 ***Medical Assistants***

2705 CEO Balasa gave a March 2, 2023, virtual continuing education session for the Springfield
2706 Chapter of the Missouri Society of Medical Assistants. The talk was received favorably. The
2707 President of the Missouri Society of Medical Assistants was in attendance and asked CEO Balasa
2708 to give a similar virtual session for the April 15, 2023, annual meeting of the Missouri Society of
2709 Medical Assistants. This session was also appreciated by the attendees.

2710

2711 **Other Articles and Presentations**

2712 ***Ohio Room Scan Court Decision***

2713 CEO Balasa has written and spoken about *Aaron M. Ogletree v. Cleveland State University*, an
2714 Ohio federal district court decision. The following is an excerpt from his article “How Public
2715 Test Offerors Can Minimize Legal Exposure in Light of *Ogletree v. Cleveland State University*”
2716 that was published in the Winter 2023 issue of *CLEAR Exam Review*.

2717 The August 22, 2022, grant of summary judgment by a federal district court in favor of a student
2718 who alleged that his constitutional rights were violated by his college’s room scan policy for
2719 remotely proctored exams has caused considerable confusion and consternation among test
2720 offerors. The purpose of this article is: (1) to clarify the factual background and legal bases for the
2721 trial court’s opinion in *Ogletree v. Cleveland State University*; and (2) to offer suggestions on
2722 how public test providers can avoid legal entanglements in light of *Ogletree*.

2723 (In analyzing *Ogletree* it is important to remember that the Fourth Amendment applies only to
2724 government actors and not to private sector entities. Consequently, Cleveland State University—
2725 not the testing vendors providing services to the school—was sued for allegedly violating Mr.
2726 Ogletree’s constitutional rights.)

2727

2728 ***Ogletree v. Cleveland State University***

2729 ***Essential Facts***

2730 Aaron Ogletree was a student at Cleveland State University during the spring 2021 semester. Mr.
2731 Ogletree was required by the school to take all tests remotely because of “various health issues
2732 that impact[ed] his immune system and put him at particular risk [during] the COVID pandemic.”
2733 The original syllabus for his General Chemistry II class stated that the instructor and proctors
2734 “reserve the right to ask any student before, during, or after an exam to show their surroundings,
2735 screen, and/or work area.” Ogletree objected to this policy and the instructor removed it from the
2736 syllabus. An exam for this class was given February 21, 2021. Approximately two hours before
2737 the test the Cleveland State Testing Service emailed Mr. Ogletree and informed him that “the
2738 proctor would be checking your ID, your surroundings, and your materials.” In his response to the
2739 email Ogletree stated that he “currently [had] confidential settlement documents in the form of
2740 late arriving 1099s (a federal tax form) scattered about [his] work area (which was also his
2741 bedroom) and there is not enough time to secure them.” At the beginning of the exam Mr.
2742 Ogletree was asked by the proctor to scan his room and he complied.

2743 ***Holding by the Court***

2744 Mr. Ogletree filed suit in federal court claiming that the room scan was an unreasonable search
2745 and seizure under the Fourth Amendment of the United States Constitution (as applicable to
2746 Cleveland State under the Fourteenth Amendment Due Process Clause because it is an
2747 instrumentality of the state of Ohio). The court first expounded at length on applicable Fourth
2748 Amendment case law:

2749 The Fourth Amendment protects “[t]he right of the people to be secure in their persons,
2750 houses, papers, and effects against unreasonable searches and seizures.”...A Fourth
2751 Amendment search “occurs when the government violates a subjective expectation of
2752 privacy that society recognizes as reasonable.”...Even in the expressly protected location
2753 of a house, which receives heightened protection under the Fourth Amendment, a search
2754 within the meaning of the Constitution does not occur unless “the individual manifested a
2755 subjective expectation of privacy in the object of the challenged search,” and society is
2756 “willing to recognize that expectation as reasonable.” [Citations omitted.]

2757 He has given co-presentations on this case for the Certification Network Group (CNG) and will
2758 be giving a presentation later this year for the Council on Licensure, Enforcement, and
2759 Regulation (CLEAR).

2760

2761 **Audit Report for the Fiscal Year Ending June 30, 2022**

2762 According to the audit report for the fiscal year ending June 30, 2022, the revenue for the
2763 AAMA corporation (tax-exempt under Section 501(c)(6) of the Internal Revenue Code) was
2764 \$7,361,786. The expense was \$6,391,365. This reflects an excess of revenue over expense of
2765 \$970,421. The net assets/net worth as of June 30, 2022, was \$10,415,025.

2766 Projections for the fiscal year ending June 30, 2023, are for an excess of revenue over expense.

2767

2768 **Meeting with Congressional Staff on Behalf of CAAHEP**

2769 In his capacity as President of the Commission on Accreditation of Allied Health Education
2770 Programs (CAAHEP), CEO Balasa—along with CAAHEP Executive Director Gina Scarboro
2771 and CAAHEP Washington, DC, Counsel Brandon Sherman, Esquire—met with congressional
2772 staffers in their offices on Capitol Hill on May 22, 2023, to discuss education and accreditation
2773 policy issues being debated by congressional committees and the United States Department of
2774 Education.

2775

2776 **Move to Suite 3720 of the Civic Opera Building**

2777 As approved by the AAMA Board of Trustees, the AAMA Executive Office will be moving
2778 from Suite 1575 to Suite 3720 of the Civic Opera Building. Suite 3720 is smaller than the current
2779 space. As a result, rental costs will be decreased. Also, the owners of the Civic Opera Building
2780 filed for bankruptcy in 2022. Consequently, they and the trustees of the bankruptcy estate are
2781 eager to maintain current revenue streams and were willing to rent Suite 3720 for a reasonable
2782 monthly amount.

2783

2784 **Devices that Monitor Blood Glucose and Compliance with the ADA in Examination**

2785 **Settings**

2786 On April 14, 2023, CEO Balasa attended a meeting at the office of the Certification Board for
2787 Diabetes Care and Education in Schaumburg, Illinois. The topic was medical devices in exam
2788 situations and how to maintain test security while complying with the Americans with
2789 Disabilities Act.

2790

2791 Donald Balasa

2792 AAMA CEO and Legal Counsel