

American Association of Medical Assistants

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

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

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

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

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

The Advisory Task Force (ATF) Advisory Program

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

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

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

MARWeek Salute to Medical Assistants

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

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

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

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

AAMA Endorsement of the Proposed CAAHEP *Standard*

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

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

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

Medical Group Management Association (MGMA)

Medical Practice Excellence Leaders Conference

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

Solutions for Practice Staffing Shortages: Doing More with Less

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

“Bylaws Basics” Presentations

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

Interview for the Credentialing Resource Center of HCPro, a Division of Simplify Compliance LLC

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

Partnerships

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

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

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

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

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

***Clarifying, Protecting, and Advancing the Right to Practice
District of Columbia COVID-19 Vaccination Administration***

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

Colorado Regulation Allowing Medical Assistants to Work in Inpatient Settings

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

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

...

b. Medical Assistants

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

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

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

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

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

Presentations

BOT Planning Session Presentation

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

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

Legal Counsel Balasa presented a session at the CAAHEP Leadership Workshop Jan. 21, 2022, entitled “The New California ‘Earn and Learn’ Law: How Will It Affect CAAHEP and Its CoAs and Professions?” The following is an excerpt from his PowerPoint presentation:

- a. The California Department of Consumer Affairs (DCA) and the Department of Public Health (DPH) and their licensing boards are required to establish “earn and learn” eligibility pathways for their licensing examinations.
- b. The DCA and DPH boards are forbidden from (1) approving an academic accrediting body in one of the licensed professions that prohibits its accredited programs from offering “earn and learn” options; and (2) prohibiting “earn and learn” training programs.
- c. DCA, DPH, and their boards are not required to mandate that an academic accrediting body ensure that its accredited programs (or even one program) in California offer an “earn and learn” option.

HPN Presentation on Microcredentials

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

Theoretical and practical threshold questions

1. Is there sufficient demand for a microcredential?
(Is there sufficient empirical evidence to justify the development of a microcredential?)

- 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?
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2618 ***NN2 Presentation***

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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.
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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.”
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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.
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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**

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.

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

CLEAR

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

AMA

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

Protecting the Right to Practice: Tow Major Legislative Victories

Connecticut Legislation Allowing Educated and Credentialed Medical Assistants to Administer Vaccinations

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

The new law reads as follows:

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

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

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

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

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

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

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

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

Physicians and miscellaneous health care professionals, definitions

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

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

of Medical Examiners.

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

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

Physicians and miscellaneous health care professionals, delegation of tasks

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

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

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

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

- (1) the task must be delegated directly to the CMA by the physician, physician assistant, or advanced practice registered nurse, and not through another licensed practitioner;

- (2) the task must be performed when the physician, physician assistant, or advanced practice registered nurse delegating the task is in such close proximity as to be immediately available to the CMA if needed;
- (3) the physician, physician assistant, or advanced practice registered nurse delegating the task must determine that the task is within the training and competency of the CMA and will not pose a significant risk to the patient if improperly performed;
- (4) the task must not involve the verbal transmission of an order or prescription to a licensed person if the licensed person requires the order or prescription to be in writing; and
- (5) the CMA must wear an appropriate badge identifying the CMA's status, which must be clearly visible to the patient at all times.
- (C)(1) A physician or physician assistant, pursuant to the physician assistant's scope of practice guidelines, may delegate nursing tasks to UAP under the supervision of the physician or physician assistant. Such nursing tasks include, but are not limited to, the following:
- (a) meeting patients' needs for personal hygiene;
 - (b) meeting patients' needs relating to nutrition;
 - (c) meeting patients' needs relating to ambulation;
 - (d) meeting patients' needs relating to elimination;
 - (e) taking vital signs;
 - (f) maintaining asepsis; and
 - (g) observing, recording, or reporting any of the nursing tasks enumerated in this subsection.
- (2) APRNs may delegate nursing tasks to UAP pursuant to Section 40-33-42.

Time effective

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

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

Delaware

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

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

regulations of the Delaware Board of Nursing:

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

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

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

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

Other Presentations

MGMA Spin-Off Presentations

- In response to his two previous presentations in October and December of 2021 (see above), CEO Balasa was asked to present a slightly revised version of his talk for an April 12, 2022, MGMA webinar entitled “Medical Assistants’ Scope of Service: Optimizing Delegation While Avoiding Legal Problems”
- Upon recommendation of MGMA staff, CEO Balasa participated in a “human resource expert panel” presentation at the June 16, 2022, Illinois MGMA Annual Conference
- He will be presenting “Medical Assisting Scope of Practice under Virginia Law: State and Federal Trends that Are Impacting Scope of Practice,” at the Oct. 3, 2022, Virginia Medical Group Management Association Annual Conference

Launch of the ATF Advisory Program

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

ATF Spin-Off Presentation

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

Virginia Department of Education

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

NAHUC Presentation

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

New Hampshire SMA Presentation

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

Workforce Intelligence Network/Health Careers Alliance of Southeast Michigan

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

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

ADA Presentations

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

defined in the ADA and the Title III regulations of the United States Department of Justice. He will co-present on the ADA at annual conferences of the

- Association of Test Publishers (ATP);
- American Board of Medical Specialties (ABMS)—an organization for which CEO Balasa has never presented; and
- Institute for Credentialing Excellence (I.C.E.).

Micro-Credentialing Joint Presentation

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

Articles and Documents

Public Affairs

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

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

“Misuse of Medical Assisting Credentials May Have Legal Consequences”

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

Medical Device News Magazine

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

3038 this article.

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

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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.

3050 **Education Boards**

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).

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*.

3072 **Legislative and Executive-Branch Initiatives**

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.

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
3113 assistant certification with a national examining organization approved by the secretary.

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.

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

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

Utah

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

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

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

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

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

General

New State Society

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

Donald Balasa, JD, MBA
AAMA CEO and Legal Counsel