

The AAMA achieves legislative victories in Maryland and Washington



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As recounted in previous Public Affairs articles, medical assistants have risen to the occasion during the COVID-19 pandemic by undertaking expanded duties such as nasopharyngeal swabbing, COVID-19 vaccinations, and telehealth functions. Medical assistants have shown themselves to be brave and self-sacrificing professionals who truly are dedicated to protecting and restoring the health of all Americans.

Medical assistants have been given opportunities to join with other health professionals in combatting the pandemic because of favorable federal and state legislation, executive orders, and official rules and interpretations by federal agencies such as the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS). These developments have been chronicled accurately and quickly on the “State Scope of Practice Laws” section of the American Association of Medical Assistants® (AAMA) website, via my blog, *Legal Eye: On Medical Assisting*, and in *CMA Today*. The AAMA Board of Trustees, state society leaders, and I, with other AAMA staff, have worked together

to not only protect medical assistants’ scope of practice but also interpret and clarify how state laws permit medical assistants to assume their rightful front-and-center roles in the response to COVID-19.

State governments have continued to function during the pandemic, often through remote legislative committee hearings. State legislators have considered bills that have a lasting impact extending well beyond the pandemic. Two of the most noteworthy of these bills are the following examples from Maryland and Washington. These pieces of legislation will have precedential weight and influence on future medical assisting laws.

Maryland bill: Delegation to medical assistants

This Maryland bill was needed because the Maryland Nurse Practice Act did not give the Maryland Board of Nursing unambiguous authority to issue regulations that would permit advanced practice registered nurses (APRNs) such as nurse practitioners to assign to competent medical assistants the administration of certain types of injec-

tions. The following is an excerpt from the February 2021 written testimony on the bill submitted by the AAMA and the Maryland Society of Medical Assistants:

This testimony is being submitted on behalf of the [AAMA], the national professional society representing over 80,000 members and CMAs (AAMA), and the Maryland Society of Medical Assistants, an affiliated state society of the AAMA, regarding 2021 Maryland House Bill 95 and Senate Bill 476. ... This legislation would require the Maryland Board of Nursing to promulgate regulations clarifying APRN delegation to unlicensed assistants (which would include medical assistants).

The AAMA and the Maryland Society of Medical Assistants urge the enactment of this legislation because permitting APRNs to delegate to competent unlicensed assistants a reasonable set of tasks (performed under APRN authority and supervision) would increase the availability of health care services for the people of Maryland without decreasing the quality of such services.

An increasing number of states have authorized APRNs to delegate to unlicensed assistants certain tasks.

Washington bill: Supervision of medical assistants

On March 26, 2020, Washington Governor Jay Inslee issued an executive order loosening the supervision requirement for medical assistants. The Washington State Department of Health summarizes this order in an electronic bulletin¹:

The governor waived language in the medical assistant supervision definition in RCW 18.360.010(11) to allow all medical assistants to perform duties during the waiver period without a supervising health care practitioner physically present in the facility.

This waiver changes the supervision requirement language to state, “(11) ‘Supervision’ means supervision of procedures permitted pursuant to this chapter by a health care practitioner who is immediately available.” The department considers immediately available to mean that if the supervising health care practitioner is called by phone, [they] would answer or return the call immediately.¹

During April 2021, the Washington legislature made the policy of this executive order permanent by passing legislation that inserted the following underlined language:

(11) (a) “Supervision” means supervision of procedures permitted pursuant to this

chapter by a health care practitioner who is physically present and is immediately available in the facility, except as provided in (b) and (c) of this subsection.

(b) The health care practitioner does not need to be present during procedures to withdraw blood, but must be immediately available.

(c) During a telemedicine visit, supervision over a medical assistant assisting a health care practitioner with the telemedicine visit may be provided through interactive audio and video telemedicine technology.²

Harbingers of the future?

These bills in Maryland and Washington reinforce two trends I have noticed in recent years and that I expect will be accelerating:

- Increasing numbers of medical assistants are working under the authority of nurse practitioners and physician assistants. These licensed providers appreciate the abilities of medical assistants—especially those who have graduated from accredited postsecondary medical assisting programs (or their equivalent) and hold the CMA (AAMA)[®] credential. Nurse practitioners and physician

assistants want laws to be changed so their medical assistants can work to the top of their education and certification.

- As the COVID-19 pandemic has demonstrated, knowledgeable and competent medical assistants are capable of performing certain tasks under less stringent provider supervision. State legislatures and departments of health are realizing this fact and are amenable to loosening overly stringent supervision laws.

The AAMA will continue to monitor proposed legislation and regulations so that medical assistants will be better able to meet the evolving health care needs of all Americans without unnecessary and counterproductive legal impediments. ♦

Questions may be directed to AAMA CEO and Legal Counsel Donald A. Balasa, JD, MBA, at DBalasa@aama-ntl.org.

References

1. *Medical Assistant Laws Waived by Governor Inslee*. Washington State Dept of Health. March 27, 2020. Accessed June 14, 2021. <https://content.govdelivery.com/accounts/WADOH/bulletins/283a27f>
2. HR 1378, 67th Leg (Wash 2021). April 2021. Accessed June 14, 2021. <http://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/House%20Passed%20Legislature/1378.PL.pdf?q=20210611091714>