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

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

Telehealth

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

Telehealth Modalities

Several telehealth modalities allow HCP [health care personnel] and patients to connect using technology to deliver health care:

- **Synchronous:** This includes real-time telephone or live audio-video interaction typically with a patient using a smartphone, tablet, or computer.

- **Asynchronous:** Here, a patient may choose or be directed to send an e-mail, text, or other message to the health care provider at a later time, in an effort to reduce the number of visits to the health care facility.

- **Simultaneous:** In this modality, the provider and patient are connected by telephone or microphone, with the capability to hear each other.

- **Semi-synchronous:** This involves a combination of synchronous and asynchronous modes.

- **Asynchronous:** This modality involves telephone or video conferences that occur after the initial visit.

- **Real-time:** This mode includes video conferences that occur immediately after the initial visit.

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Nasopharyngeal swabbing

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

> Even if the patient is confined to the home because of a suspected diagnosis of an infectious disease as part of a pandemic event … a nasal or throat culture … could be obtained by an appropriately-trained [sic] medical assistant or laboratory technician. …

Administration of COVID-19 vaccinations

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

Verify COVID-19 vaccination providers have active, valid licensure/credentials to possess and administer vaccine. This licensure verification is needed only for those with prescribing authority (e.g., [doctor of medicine (MD), doctor of osteopathic medi-
In part, this order authorizes “medical assistants certified by the American Association of Medical Assistants [to be delegated] tasks that would normally be within the practical nurse scope of practice, including, but not limited to, administration of COVID-19 vaccinations.” Tasks delegable to certified medical assistants “are required to have been ordered and authorized by a Tennessee licensed practitioner with prescriptive authority” and “performed under the supervision of the delegating registered nurse.”

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

**Washington**

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

- Medical assistant-certified
- Can administer vaccine(s)? Yes
- Requires supervision? Yes
- Task must be delegated by a provider with the activity in their scope of practice: MD/DO, RN, ARNP [advanced registered nurse practitioner], Naturopathic Physician, PA/DOPA [osteopathic physician assistant]. The requirements for the supervising health care practitioner to be physically present and immediately available in the facility are waived under Governor Inslee’s Proclamation 20-32. The supervisor only has to be immediately available, which may be by remote means.²

**References**


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