

Comments to the Arizona Medical Board



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Protecting patients in Arizona from substandard medical assisting services

The following comments concerning chapter 16, article 4, of The Arizona Administrative Code,¹⁻³ “Medical Assistants,” were submitted to the Arizona Medical Board on May 10, 2017. The goal of the following comments is the amendment of the medical assisting rules under Arizona law to better protect patients and health professionals from medical assistants with insufficient education and competence. Proposed revisions to the Code are italicized; proposed deletions are struck through; and language added to the original letter for reader reference is presented in brackets.

The American Association of Medical Assistants (AAMA) and the Arizona State Society of Medical Assistants (ASSMA) appreciate the opportunity to offer to the Arizona Medical Board the following comments and proposed revisions to chapter 16, article 4, medical assistant rules, of the Arizona Administrative Code.

Arizona physicians and physician assistants are delegating an increasing number and variety of tasks to medical assistants working under their direct supervision in outpatient settings. To protect patients from substandard medical assisting services, it is the position of the AAMA and the ASSMA that (effective January 1, 2019) only: (1) graduates of accredited postsecondary medical assisting programs (or medical assisting programs in accredited schools), or of United States Armed Forces medical services training programs; or (2) individuals holding a

current CMA (AAMA) credential awarded by the American Association of Medical Assistants (AAMA) or a current RMA(AMT) credential awarded by American Medical Technologists (AMT), should be permitted to work as medical assistants under Arizona law.

Beginning with the first version of this rule issued in 2002, many Arizona medical assistants have been authorized to work by virtue of having completed an unapproved medical assistant training program (as defined in the current version of R4-16) and having passed the medical assisting examinations administered by either the AAMA or AMT. Both the AAMA and AMT require their CMAs (AAMA) and RMAs(AMT), respectively, to periodically recertify by continuing education or retesting in order to maintain currency. Consequently, allowing those medical assistants with a *current* CMA (AAMA) or RMA(AMT) who have not graduated from an approved program to continue to be eligible to practice their profession under Rule 4-16 would prevent them from losing their positions and restricting the supply of credentialed medical assistants.

The following proposed changes to the current rules offered by the AAMA and the ASSMA reflect the above policy position.

R4-16-101. Definitions

... “Approved medical assistant training program” means: (1) a program accredited by the Commission on Accreditation

of Allied Health Education Programs (CAAHEP) or the Accrediting Bureau of Health Education Schools (ABHES) ~~or a medical assisting program accredited by any accrediting agency recognized by the United States Department of Education; or (2) a program in a school institutionally accredited by an accrediting body recognized by the United States Department of Education or the Council for Higher Education Accreditation; or (3) a United States Armed Forces medical services training program. or a training program designed and offered by a licensed allopathic physician that meets or exceeds any of the prescribed accrediting programs and verifies the entry-level competencies of a medical assistant prescribed under R4-16-402(A)~~¹

R4-16-401. Medical Assistant Training Requirements

A. *Effective January 1, 2019*, a supervising physician or physician assistant shall ensure that a medical assistant satisfies one of the following ~~training~~ requirements before employing the medical assistant:

1. Completion of an approved medical assistant training program; or
2. ~~[Completion of an unapproved medical assistant training program and passage of the medical assis-~~

tant examination administered by either the American Association of Medical Assistants or the American Medical Technologists.] Holding a current CMA (AAMA) credential awarded by the American Association of Medical Assistants or a current RMA (AMT) credential awarded by American Medical Technologists.

[B. This Section does not apply to any person who;

1. Before February 2, 2000:

a. Completed an unapproved medical assistant training program and was employed as a medical assistant after program completion; or

b. Was directly supervised by the same physician, physician group, or physician assistant for a minimum of 2000 hours; or

2. Completes a United States Armed Forces medical services training program.]

B. This Section does not apply to any person who, between January 1, 2016, and December 31, 2018, was directly supervised for a minimum of 2,000 hours by the same physician, physician group, or physician assistant by whom the person is currently employed.²

R4-16-402. Authorized Procedures for Medical Assistants

This section³ [inserted below] should be updated to reflect the tasks/duties/procedures in the “Core Curriculum” (appendix B) of the 2015 CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*⁴ (attached).

[R4-16-402. Authorized Procedures for Medical Assistants

A. A medical assistant may perform, under the direct supervision of a physician or a physician assistant, the medical procedures listed in the 2015 2003 revised edition,

Commission on Accreditation of Allied Health Education Program’s, “Standards and Guidelines for an Accredited Educational Program for the Medical Assistant, Section (III)(C)(3)(a) through (III)(C)(3)(c).” This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and may be obtained from the publisher at 35 East Wacker Drive, Suite 1970, Chicago, Illinois 60601; www.caahep.org, or the Arizona Medical Board at 9545 E. Doubletree Ranch Road, Scottsdale, AZ 85258, www.azmd.gov.

B. In addition to the medical procedures in subsection (A), a medical assistant may administer the following under the direct supervision of a physician or physician assistant:

1. Whirlpool treatments,
2. Diathermy treatments,
3. Electronic galvaton stimulation treatments,
4. Ultrasound therapy,
5. Massage therapy,
6. Traction treatments,
7. Transcutaneous Nerve Stimulation unit treatments,

8. Hot and cold pack treatments, and
9. Small volume nebulizer treatments.]³

The American Association of Medical Assistants and the Arizona State Society of Medical Assistants are willing to answer any questions and to provide additional supporting documentation for the above positions. Please contact Donald A. Balasa, JD, MBA, CEO and Legal Counsel, American Association of Medical Assistants, at dbalasa@aama-ntl.org. ♦

References

1. Ariz Admin Code § 4-16-101 (2016). https://apps.azsos.gov/public_services/Title_04/4-16.pdf. Accessed September 26, 2017.
2. Ariz Admin Code § 4-16-401 (2016). https://apps.azsos.gov/public_services/Title_04/4-16.pdf. Accessed September 26, 2017.
3. Ariz Admin Code § 4-16-402 (2016). https://apps.azsos.gov/public_services/Title_04/4-16.pdf. Accessed September 26, 2017.
4. Commission on Accreditation of Allied Health Education Programs. *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*. <http://www.caahep.org/documents/file/Publications-And-Governing-Documents/MedicalAssistingStandards.pdf>. Revised 2015. Accessed September 26, 2017.

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