

1 **Background Paper for Indiana State Medical Association (ISMA) Resolution 2018-1—Support**
2 **of Certified Medical Assistants (AAMA), [CMAs (AAMA)]**
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10 1. The American Association of Medical Assistants (AAMA) is the premier association dedicated
11 exclusively to medical assistants. The AAMA has over 26,000 medical assistant members
12 throughout the United States. The Indiana Society of Medical Assistants is an affiliated state society
13 of the AAMA.

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15 2. The AAMA is the only medical assisting organization that is an *Official Observer* to the House of
16 Delegates of the American Medical Association (AMA). The AAMA was granted *Official Observer*
17 status by the AMA House of Delegates in 1996.
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19 3. The importance of medical assistants being knowledgeable and competent has been reinforced by
20 the Centers for Medicare & Medicaid Services (CMS) regulations for the Medicare and Medicaid
21 Electronic Health Record (EHR) Incentive Programs. The CMS regulations stated that only licensed
22 health care professionals and “credentialed medical assistants” would be permitted to enter
23 medication, laboratory, and diagnostic imaging orders into the computerized provider order entry
24 (CPOE) system and have such entry count toward meeting the meaningful use thresholds. (The
25 Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 initiated the phasing out of the
26 Medicare Incentive Program, but the CMS requirements are still in effect for Medicaid Incentive
27 Program.)
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29 4. The Certifying Board of the AAMA has been a client of the National Board of Medical Examiners
30 (NBME) since 1977. The CMA (AAMA) Certification Examination is the only medical assisting
31 examination, and *the only non-physician examination*, for which the NBME provides test
32 development, delivery, analysis, and scoring services.
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34 5. The delegating physician, the practice, and the medical assistant can be sued for negligence if the
35 medical assistant does not perform a task up to the standard of care of a competent medical assistant.
36 The physician is potentially liable under the legal doctrine of *respondeat superior*, and can also be
37 liable under the theory of negligent delegation. The fact that the practice’s medical assistants are
38 current CMAs (AAMA) is powerful evidence in a malpractice action, and can lessen the likelihood
39 that physicians will be held liable for negligent delegation.
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41 6. The CMA (AAMA) is the only medical assisting credential that requires graduation from a
42 postsecondary medical assisting academic program that is accredited by either the Commission on
43 Accreditation of Allied Health Education Programs (CAAHEP) or the Accrediting Bureau of Health
44 Education Schools (ABHES). Programmatic accreditation provides a greater degree of scrutiny than
45 institutional accreditation. CAAHEP and ABHES are the only programmatic accreditors of medical

46 assisting, and are recognized as such by the United States Department of Education or the Council
47 for Higher Education Accreditation.

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49 7. CAAHEP- and ABHES-accredited medical assisting programs are competency-based. All
50 CAAHEP- and ABHES-accredited medical assisting programs must demonstrate to their respective
51 accrediting bodies that all their graduates have mastered the cognitive objectives, and the
52 psychomotor and affective competencies, incorporated into their accreditation standards. Students in
53 CAAHEP- or ABHES-accredited medical assisting programs must complete a practicum (externship)
54 in an ambulatory setting of at least 160 clock hours. Consequently, graduates of accredited programs
55 are able to assimilate quickly into a wide variety of employment settings.

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57 8. The CMA (AAMA) Certification Examination tests both the clinical and administrative aspects of
58 medical assisting. Some medical assisting examinations test only the clinical, or only the
59 administrative, elements of medical assisting. A medical assistant holding the CMA (AAMA)
60 credential is a well-rounded, adaptable allied health professional who is able to bring a broad range
61 of knowledge, skills, and professional attributes to physicians of all specialties and their patients.

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63 9. Because of the breadth and depth of their education, their mastery of medical assisting knowledge
64 evidenced by passing the CMA (AAMA) Certification Examination, and their demonstration of
65 maintenance of competence by periodic recertification, CMAs (AAMA) are able to provide high
66 quality medical assisting services in a new employment setting in a relatively short period of time.

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68 10. A CMA (AAMA) must recertify every 60 months and maintain currency of the CMA (AAMA)
69 in order to use the credential for any purpose. CMAs (AAMA) who violate the *Disciplinary*
70 *Standards and Procedures for CMAs (AAMA)* are subject to sanctions, including revocation of the
71 credential.

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73 11. CMAs (AAMA) who recertify by examination and those who recertify by continuing education
74 furnish proof of their continuing knowledge in all domains of medical assisting. CMAs (AAMA)
75 recertifying by testing must pass the same examination as those seeking initial certification. CMAs
76 (AAMA) recertifying by continuing education must have at least a minimum number of
77 recertification points in each of the following three categories: General, Administrative, and Clinical.

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79 12. The Continuing Education Board of the AAMA follows the *Standard for Continuing Education*
80 *and Training* of the International Association for Continuing Education and Training (IACET) when
81 awarding AAMA continuing education units (CEUs) to continuing education offerings. The quality
82 of continuing education of recertifying CMAs (AAMA) is verified by the fact that at least half of the
83 continuing education points required for recertification must be AAMA CEUs.