

1 **SUPPORT—HB 95 AND SB 476**

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3 **Testimony of the American Association of Medical Assistants (AAMA) and the Maryland**
4 **Society of Medical Assistants regarding 2021 Maryland House Bill 95 and Senate Bill 476**
5 **“Advanced Practice Registered Nurses—Delegation of Tasks”**

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8 January 2021
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10 This testimony is being submitted on behalf of the American Association of Medical Assistants
11 (AAMA), the national professional society representing over 80,000 members and CMAs
12 (AAMA), and the Maryland Society of Medical Assistants, an affiliated state society of the
13 AAMA, regarding 2021 Maryland House Bill 95 and Senate Bill 476 “Advanced Practice
14 Registered Nurses—Delegation of Tasks.” This legislation would require the Maryland Board of
15 Nursing to promulgate regulations clarifying APRN delegation to unlicensed assistants (which
16 would include medical assistants).
17

18 The AAMA and the Maryland Society of Medical Assistants urge the enactment of this
19 legislation because permitting APRNs (including nurse practitioners) to delegate to
20 knowledgeable and competent unlicensed assistants a reasonable set of tasks (performed under
21 APRN authority and supervision) would increase the availability of health care services for the
22 people of Maryland without decreasing the quality of such services.
23

24 An increasing number of states have authorized APRNs to delegate to unlicensed assistants
25 certain tasks. The following are examples of the laws of some states that currently allow such
26 delegation. (The emphases are added.)
27

28 **Alaska**
29

30 **12 AAC 44.966. DELEGATION OF THE ADMINISTRATION OF INJECTABLE**
31 **MEDICATION.** (Board of Nursing regulation)

32 (a) The administration of injectable medication is a specialized nursing task that may be
33 delegated under the standards set out in 12 AAC 44.950(a), (c), and (d) and this section.

34 (b) The administration of injectable medication may be delegated only by an advanced nurse
35 practitioner to a certified medical assistant. The certified medical assistant may only perform the
36 delegated duty in a private or public ambulatory care setting, and the advanced nurse practitioner
37 must be immediately available on site when the certified medical assistant is administering
38 injectable medication.

39 (c) The certified medical assistant to whom the administration of an injectable medication is to
40 be delegated must successfully complete a training course in administration of medication that is
41 approved by the board and specific to the allowed medications.

42 (d) To delegate to a certified medical assistant the administration of an injectable medication to a
43 patient the written instructions provided to the certified medical assistant under 12 AAC
44 44.950(a)(7) must also include the information required in 12 AAC 44.965(d)(1) – (3).

45 (e) The delegating advanced nurse practitioner is responsible for ensuring that the certified
46 medical assistant maintains a national certification and for reviewing a current criminal
47 background check upon hire, to be reviewed at five-year intervals. If the certified medical
48 assistant has been convicted of a crime that, under AS 08.68.270 and 12 AAC 44.705, is
49 substantially related to the qualifications, functions, or duties of a certified nurse aide, registered
50 nurse, or practical nurse, the advanced nurse practitioner may not delegate the administration of
51 injectable medications to that certified medical assistant.

52 (f) Repealed 3/19/2014.

53 (g) The delegating advanced nurse practitioner is responsible for ensuring that the certified
54 medical assistant monitors the patient's response to the injection for a minimum of 15 minutes
55 and reports and responds to any adverse reactions.

56 (h) In this section, (1) "certified medical assistant" means a person who is currently nationally
57 certified as a medical assistant by a national body accredited by the National Commission for
58 Certifying Agencies (NCCA) and meets the requirements of this section;

59 (2) "immediately available on site" means that the advanced nurse practitioner is present on site
60 in the unit of care and not otherwise engaged in a procedure or task that the nurse practitioner
61 may not immediately leave when needed;

62 (3) "allowed injectable medication" means

63 (A) B vitamins;

64 (B) diphenhydramine;

65 (C) medroxyprogesterone acetate;

66 (D) epinephrine delivered by autoinjector;

67 (E) ketoralac;

68 (F) vaccines;

69 (G) purified protein derivative (PPD);

70 (H) antibiotics that do not require reconstitution;

71 (I) rocephin;

72 (J) kenalog;

73 (K) rhogam;

74 (L) imitrex;

75 (M) clindamycin;

76 (N) reglan;

77 (O) erythropoetin stimulating agent (procrit, aranesp) – SQ

78

79 **California**

80

81 **Business and Professions Code Section 2069 – 2071** (statute)

82 2069. (a) (1) Notwithstanding any other law, a medical assistant may administer medication
83 only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and
84 additional technical supportive services upon the specific authorization and supervision of a

85 licensed physician and surgeon or a licensed podiatrist. A medical assistant may also perform all
86 these tasks and services upon the specific authorization of a physician assistant, a nurse
87 practitioner, or a certified nurse-midwife.

88

89 (1) “Medical assistant” means a person who may be unlicensed, who performs basic
90 administrative, clerical, and technical supportive services in compliance with this section and
91 Section 2070 for a licensed physician and surgeon or a licensed podiatrist, or group thereof, for a
92 medical or podiatry corporation, for a physician assistant, a nurse practitioner, or a certified
93 nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18
94 years of age, and who has had at least the minimum amount of hours of appropriate training
95 pursuant to standards established by the board. The medical assistant shall be issued a certificate
96 by the training institution or instructor indicating satisfactory completion of the required training.
97 A copy of the certificate shall be retained as a record by each employer of the medical assistant.

98

99 (3) “Supervision” means the supervision of procedures authorized by this section by the
100 following practitioners, within the scope of their respective practices, who shall be physically
101 present in the treatment facility during the performance of those procedures:

102 (A) A licensed physician and surgeon.

103 (B) A licensed podiatrist.

104 (C) A physician assistant, nurse practitioner, or certified nurse-midwife as provided in
105 subdivision (a).

106

107 **Georgia**

108

109 **§ 43-34-44. Role of medical assistants clarified** (statute)

110 Nothing in this article shall be construed to prohibit the performance by medical
111 assistants of medical tasks, including subcutaneous and intramuscular injections;
112 obtaining vital signs; administering nebulizer treatments; or other tasks approved by
113 the board pursuant to rule, if under the supervision by a physician in his or her
114 office; provided, however, that this shall not require on-site supervision at all times,
115 or the performance by medical assistants of medical tasks ordered by a physician
116 assistant or advanced practice registered nurse delegated the authority to issue such
117 an order in accordance with law and pursuant to rules of the board.

118

119 **360-3-.05 Medical Assistants, Polysomnography Technologists, and** 120 **Radiology Technologists.** (regulation)

121

122 (a) Medical Assistants

123

124 1. For purposes of this rule, a medical assistant is an unlicensed person employed by the
125 physician to whom he or she delegates certain medical tasks.

126

127 (i) A physician may delegate to a medical assistant the following medical tasks:

128 subcutaneous and intramuscular injections; obtaining vital signs; administering nebulizer
129 treatments; or removing sutures and changing dressings.

130
131 (ii) Physicians or physician assistants under basic job description and/or advanced
132 practice nurses under protocol must be on-site for a medical assistant to administer
133 subcutaneous and intramuscular injections, to administer nebulizer treatments, and to
134 remove sutures and change dressings. It is not required for a physician to be on-site for a
135 medical assistant to obtain vital signs.

136
137 **Massachusetts**

138
139 **Circular Letter: DCP 16-12-664**

140 TO: Primary Care Providers

141 FROM: Monica Bharel, MD, MPH, Commissioner, Department of Public Health

142 CC: George Zachos, Executive Director, Board of Registration in Medicine

143 DATE: December 16, 2016

144 RE: Immunization Administration by Medical Assistants

145
146 The purpose of this Circular Letter is to inform primary care providers, including Physicians,
147 Certified Nurse Practitioners (CNPs), Certified Nurse Midwives (CNMs), and Physician
148 Assistants (PAs) about a new law relating to the administration of immunizations by Certified
149 Medical Assistants (CMAs), effective November 8, 2016.

150
151 Chapter 234 of the Acts of 2016 creates a new law, Massachusetts General Law Chapter 112,
152 Section 265, that allows a primary care provider (PCP) acting within his or her designated scope
153 of practice to delegate the administration of an immunization of a patient to a CMA who meets
154 specified qualifications. The new law also updates Massachusetts General Law Chapter 94C
155 (Controlled Substances Act) to recognize this new provision.

156

157 The PCP may delegate the administration of immunizations to a CMA who:

158 (1) has graduated from a post-secondary medical assisting education program accredited by
159 the committee on allied health education and accreditation of the American Medical
160 Association, the Accrediting Bureau of Health Education Schools or another certificate
161 program that the commissioner of public health may approve;

162 (2) is employed in the clinical practice of a licensed primary care provider; and

163 (3) performs basic administrative, clerical, and clinical duties upon the specific authorization
164 and under the direct supervision of a licensed primary care provider.

165
166 **Ohio**

167
168 **4723.48 Delegation of authority to administer certain drugs.** (statute)

169 (A) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds
170 a license to practice nursing issued under section 4723.42 of the Revised Code may delegate to a

171 person not otherwise authorized to administer drugs the authority to administer to a specified
172 patient a drug, unless the drug is a controlled substance or is listed in the formulary established in
173 rules adopted under section 4723.50 of the Revised Code. The delegation shall be in accordance
174 with division (B) of this section and standards and procedures established in rules adopted under
175 division (O) of section 4723.07 of the Revised Code.

176

177 (B) Prior to delegating the authority, the nurse shall do both of the following:

178

179 (1) Assess the patient and determine that the drug is appropriate for the patient;

180

181 (2) Determine that the person to whom the authority will be delegated has met the conditions
182 specified in division (D) of section 4723.489 of the Revised Code.

183

184 **4723.489 Delegated authority to administer drugs.**

185 A person not otherwise authorized to administer drugs may administer a drug to a specified
186 patient if all of the following conditions are met:

187

188 (A) The authority to administer the drug is delegated to the person by an advanced practice
189 registered nurse who is a clinical nurse specialist, certified nurse-midwife, or certified nurse
190 practitioner and holds a license issued under section 4723.42 of the Revised Code.

191

192 (B) The drug is not listed in the formulary established in rules adopted under section 4723.50 of
193 the Revised Code , is not a controlled substance, and is not to be administered intravenously.

194

195 (C) The drug is to be administered at a location other than a hospital inpatient care unit, as
196 defined in section 3727.50 of the Revised Code; a hospital emergency department or a
197 freestanding emergency department; or an ambulatory surgical facility, as defined in section
198 3702.30 of the Revised Code.

199

200 (D) The person has successfully completed education based on a recognized body of knowledge
201 concerning drug administration and demonstrates to the person's employer the knowledge, skills,
202 and ability to administer the drug safely.

203

204 (E) The person's employer has given the advanced practice registered nurse access to
205 documentation, in written or electronic form, showing that the person has met the conditions
206 specified in division (D) of this section.

207

208 (F) The advanced practice registered nurse is physically present at the location where the drug is
209 administered.

210

211 **Washington**

212

213 **RCW 18.360.010** (statute)

- 214 (5) "Health care practitioner" means:
215 (a) A physician licensed under chapter 18.71 RCW;
216 (b) An osteopathic physician and surgeon licensed under chapter 18.57 RCW; or
217 (c) Acting within the scope of their respective licensure, a podiatric physician and surgeon
218 licensed under chapter 18.22 RCW, a registered nurse or advanced registered nurse practitioner
219 licensed under chapter 18.79 RCW, a naturopath licensed under chapter 18.36A RCW, a
220 physician assistant licensed under chapter 18.71A RCW, an osteopathic physician assistant
221 licensed under chapter 18.57A RCW, or an optometrist licensed under chapter 18.53 RCW.

222

223 **RCW 18.360.050**

224 (f)(i) Administering medications. A medical assistant-certified may only administer medications
225 if the drugs are:

226 (A) Administered only by unit or single dosage, or by a dosage calculated and verified by a
227 health care practitioner. For purposes of this section, a combination or multidose vaccine shall be
228 considered a unit dose;

229 (B) Limited to legend drugs, vaccines, and Schedule III-V controlled substances as authorized by
230 a health care practitioner under the scope of his or her license and consistent with rules adopted
231 by the secretary under (f)(ii) of this subsection; and

232 (C) Administered pursuant to a written order from a health care practitioner.

233 (ii) A medical assistant-certified may not administer experimental drugs or chemotherapy agents.
234 The secretary may, by rule, further limit the drugs that may be administered under this
235 subsection (1)(f). The rules adopted under this subsection must limit the drugs based on risk,
236 class, or route.

237 (g) Intravenous injections. A medical assistant-certified may administer intravenous injections
238 for diagnostic or therapeutic agents under the direct visual supervision of a health care
239 practitioner if the medical assistant-certified meets minimum standards established by the
240 secretary in rule. The minimum standards must be substantially similar to the qualifications for
241 category D and F health care assistants as they exist on July 1, 2013.

242

243 **West Virginia**

244

245 Board Position Statement

246 Delegation of Medication Administration by an Advanced Practice Registered Nurse (APRN)

247 Licensed by the

248 West Virginia Board of Examiners for Registered Professional Nurses

249 to

250 Qualified Medical Assistants in the Primary Care Setting.

251

252 The Advanced Practice Registered Nurse (APRN) holding a license issued by the West
253 Virginia Board of Examiners for Registered Professional Nurses, whose license and certification
254 is in good standing, is permitted to delegate medication administration to any national certified
255 medical assistants in primary care settings under the following conditions:

256 1. Patient safety is maintained;

- 257 2. In person patient assessment has been completed by the APRN;
258 3. Circumstances don't allow for further decision making by the qualified
259 Medical Assistant;
260 4. Patients are determined to have a stable condition;
261 5. The administration of medication has an expected specific determined
262 outcome; and,
263 6. Facility policies support the practice.
264 Prior to delegating any medication administration, the APRN is responsible for validating the
265 credentials of the medical assistant to assure completion of a program of study with a curriculum
266 that included pharmacology and medication administration, the medication assistant has a current
267 national certification, and related competencies have been validated within the past twelve
268 months. Each APRN must validate the competencies of the medical assistant. This validation
269 includes direct observation of all routes of medication delivery to patients across the lifespan.
270 This validation must be documented and verified by the signature of the APRN. Each APRN is
271 responsible for the delegated act and related follow through.

272 *Board Revised Statement Approved: June 29, 2018*

273

274 **National Council of State Boards of Nursing**

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276 In its December 15, 2020, Policy Brief "COVID-19 Vaccine Administration" (attached), the
277 National Council of State Boards of Nursing (NCSBN) stated that knowledgeable and competent
278 "certified medical assistants, medication aides, and emergency medical technicians/paramedics"
279 may be delegated COVID-19 vaccine administration:

280 Waivers by the [state or territorial] governor or [board of nursing] may be necessary to
281 authorize an RN or LPN/VN to delegate vaccine administration to certified medical
282 assistants, medication aides, and emergency medical technicians/paramedics that have
283 been trained in COVID-19 informed consent, vaccine administration, COVID-19 vaccine
284 side effects, emergency management of adverse reactions and the principles of
285 reconstitution and proper storage.

286

287

288 The American Association of Medical Assistants (AAMA) and the Maryland Society of Medical
289 Assistants appreciate this opportunity to present this testimony regarding 2021 Maryland House
290 Bill 95 and Senate Bill 476. Please direct questions to:

291

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