



CALIFORNIA ASSOCIATION of  
**PUBLIC HOSPITALS  
AND HEALTH SYSTEMS**



CALIFORNIA HEALTH CARE  
**SAFETY NET INSTITUTE**

# **Medical Assistants: CA Regulations and Opportunities for Innovation**

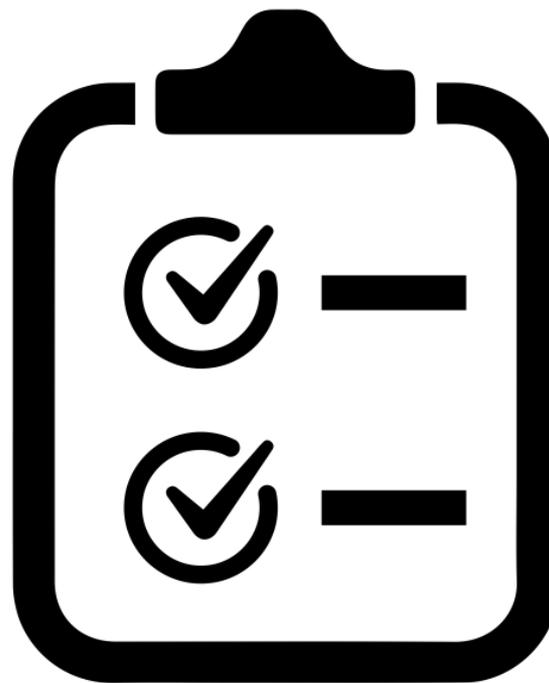
May 10, 2017

# Agenda

<b>Welcome</b>	Amanda Clarke
<b>Scope of Practice Survey Results</b>	California Health Care Safety Net Institute
<b>Medical Assistants: Scope of Practice Legalities and Opportunities for Innovation</b>	Don Balasa, JD, MBA, CEO and Legal Counsel American Association of Medical Assistants (AAMA)
<b>Discussion</b>	Facilitator: Hunter Gatewood
<b>Member Perspective: The New MA Role of Care Assistant</b>	Melissa Meyers, Health Education Specialist Arrowhead Regional Medical Center
<b>Discussion</b>	Facilitator: Hunter Gatewood
<b>Wrap-Up</b>	Amanda Clarke

# SCOPE OF PRACTICE SURVEY

Medical Assistants



# Scope of Practice Survey

What is the composition of your primary care teams? Who is on the care team and in what ratios relative to a 1.0 FTE PCP?

	MA	LVN	RN	Admin	Other
RUHS	1.0	1.0		.5 - 1.0	
AHS	1.25	.25	.25	.25	.1 PharmD .2 RD/CDE .2 LCSW
SJGH/SJCC	1.0		.1	.2	.1 Health Coach .1 Referral Coordinator .1 Case Manager .1 PharmD .1 RD .05 LCSW
SMMC	1.26		.6	1.26	.15 Urgent Care NP .07 PharmD .07 Social Worker (new)
LADHS	1.5 Health Coordinator		.5 Care Giver .3 Care Mngr .2 Service Coord.		
ARMC	.5	.5	.25		
UCSD	.99	.87	.28	1.65	.1 PharmD .1 Collaborative Care MFT

# Scope of Practice Survey

What is the composition of your primary care teams? Who is on the care team and in what ratios relative to a 1.0 FTE PCP?

*“We have a 4:1 staff to provider ratio. Core team members include the Provider, LVNs, Medical Assistant, Medical Office Assistant, Receptionist Ancillary Teams include Registered Nurse, Coder, Management Team, Dieticians, Behavioral Health Clinicians  
- VCHCA*

*“The primary care team is the provider/MA dyad. Dyads have access to RNs, RDs, LCSWs, and PharmD for wrap around services.” --AHS*

*“For every provider we have 2 MAs and 1 front desk staff support.” - Monterey*

# Scope of Practice Survey

Please indicate which of these activities are part of the medical assistants' role at your organization:

Perform screening surveys (e.g. for tobacco use, healthy eating and activity level)	10
Care coordination and referral follow-up, e.g. specialty appointments, labs	7
Discuss self-management goals and provide patient education during visits	5
Connect patients to services for non-medical needs, like housing	5
Contact patients between visits to support self-management and healthy behaviors	4

# Scope of Practice Survey

What questions or challenges do you have when it comes to scope of practice for MAs?

- Defining Roles and Responsibilities/Team Dynamics
  - Overlap in scope between MAs and RNs
  - Defining exactly what "top-of-license" means
  - Lack of trust / resistance to give up control to MAs
  - Inspiring staff to buy-in to team-based care
- MA Oversight
  - Delegating MA supervision to RNs
  - Need licensed personnel to review all medications
  - Ensuring MAs perform required screenings
  - Cannot enter POCT results
- Performance Measurement
  - Auditing tools and feedback for MAs
- Regulatory Issues
  - Allowed to initiate immunizations from a standing order?
  - MA scope in a Hospital Licensed clinic versus a Non-Hospital Licensed clinic
  - MA use of diagnosis codes

# QUESTIONS?

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# Medical Assistants: Scope of Practice Legalities and Opportunities for Innovation

California Health Care Safety Net Institute  
May 10, 2017

**Donald A. Balasa, JD, MBA**  
Chief Executive Officer and Legal Counsel  
American Association of Medical Assistants (AAMA)

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# Definition

- Medical assistants are unlicensed allied health professionals who work under provider supervision in outpatient settings.
- Medical assistants do not work in inpatient settings as medical assistants *per se*.



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# Overarching legal principles

- Medical assistants should not be delegated any tasks for which they are not sufficiently knowledgeable and competent.
- If a medical assistant performs a task in a negligent manner, **both** the delegating provider and the medical assistant can be held liable for negligence.
- If a medical assistant performs a task not permitted by state law, the delegating provider and the medical assistant can be subject to legal sanctions.



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# Overarching legal principles (cont.)

Medical assistants cannot be delegated any tasks that:

- (1) constitute the practice of medicine or require the skill and knowledge of a licensed provider
- (2) are restricted in state law to other health professionals
- (3) require the medical assistant to exercise independent professional judgment or to make clinical assessments, evaluations, or interpretations.



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# TJC *Standards*

There is nothing in The Joint Commission *Standards for Ambulatory Care* [SAC] that overrides or supersedes state or federal law governing the scope of practice of medical assistants.

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# FAQs about CA medical assisting law

[http://www.mbc.ca.gov/Licensees/Physicians and Surgeons/Medical Assistants/Medical Assistants FAQ.aspx](http://www.mbc.ca.gov/Licensees/Physicians_and_Surgeons/Medical_Assistants/Medical_Assistants_FAQ.aspx)

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## Medical assisting training—CA

- To administer medications by IM, sub-Q, and ID injections, to perform skin tests, or to perform venipuncture or skin puncture for the purpose of withdrawing blood, a medical assistant shall complete the minimum training prescribed in the regulation.
- Training can be under a licensed professional or a qualified medical assistant, or in a school. Ten (10) clock hours of training and ten (10) successful injections or sticks.



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# California law

Prior to administration of medication by a medical assistant, a licensed physician or another appropriately licensed person, shall verify the correct medication and dosage ... The supervising physician ... must be physically present in the treatment facility when procedures are performed, except as provided in section 2069(a) of the code.



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## California law (cont.)

Section 2069(a)(1)—A supervising physician may, at his or her discretion, provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services.

The written instructions may provide that the supervisory services may be delegated by the NP, CNM, or PA when the supervising physician is not on site.

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## California law (cont.)

*Are medical assistants required to be licensed or certified by the State of California to perform procedures within their “scope of practice”?*

**No.** Medical assistants are not licensed, certified, or registered by the State of California. However, the MA’s employer...may require that the medical assistant be certified by a national or private association.

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# Advanced roles for CMAs (AAMA) in Patient-Centered Medical Homes

- Panel manager/prevention outreach specialist
- Patient navigator/advocate
- Wellness/health coach
- Community health worker
- Patient Care coordinator

<http://aama-ntl.org/docs/default-source/legal/mj16-pa.pdf?sfvrsn=2>

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# Triage v. verbatim transmission

- Medical assistants cannot be delegated “triage.”
- Medical assistants can be delegated “verbatim transmission.”



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# Patient education

Providers are allowed to delegate patient education to knowledgeable and competent medical assistants as long as:

- the content of such education has been approved by the delegating provider; and
- the content does not require the medical assistant to make any judgments or assessments.

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# “Incident-to” billing: Medical assistants’ services under the Medicare CCM program

<http://www.aama-ntl.org/docs/default-source/other/nd16-pa.pdf?sfvrsn=2>

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# “Incident to” under Medicare

- *Medicare Benefit Policy Manual*, Chapter 15, Section 60.1 (B):

“**Auxiliary personnel** means any individual who is acting under the supervision of a physician ...”

- Therefore, auxiliary personnel includes medical assistants, registered nurses, licensed practical/vocational nurses, and other health professionals who are permitted by state law to work under the supervision of a physician (or of an NP or PA).
- Thus, the services of medical assistants, RNs, and LPNs/LVNs can be billed incident to the services of a delegating/overseeing physician (or of a delegating NP or PA).

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# Medicare’s “Chronic Care Management” (CCM) Program

The Chronic Care Management (CCM) Program went into effect January 1, 2015, and provides coverage to individuals enrolled in the Medicare Fee-For-Service program with “two or more chronic conditions expected to last at least 12 months, or until the death of the patient.” Physicians and eligible non-physician practitioners can be reimbursed under the CCM Program for “non-face-to-face care coordination services furnished to Medicare beneficiaries with multiple chronic conditions.” Payment is made by Medicare under the Current Procedural Terminology (CPT) code 99490 for “at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional per calendar month.”

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# “Eligible non-physician practitioners” and “clinical staff”

1. Who are “eligible non-physician practitioners” under CCM? Physicians (i.e., MDs or DOs), nurse practitioners, physician assistants, clinical nurse specialists, and certified nurse-midwives.
2. Who are “clinical staff” under CCM? “Instructions for the CPT Codebook” — “A clinical staff member is a person who works under the supervision of a physician or other qualified health care professional who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specified professional service, but who does not individually report that professional service (e.g., medical assistants, RNs, LPNs).”



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# “General Supervision” permitted under CCM

Note the following excerpt from the CMS Final Rule for the Chronic Care Management Program:

- Section 410.26. Services and supplies incident to a physician’s professional services: Conditions.  
\*\*\*\*\*
- (b) \*\*\*
- (5) In general, services and supplies must be furnished under the **direct supervision** of the physician (or other practitioner). Services and supplies furnished incident to transitional care management and chronic care management services can be furnished **under general supervision of the physician (or other practitioner)** when these services or supplies are provided by *clinical staff* ...
- (6) Services and supplies must be furnished by the physician, practitioner with an incident-to benefit, or *auxiliary personnel*.



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# “Clinical staff” and CCM services

Clinical staff (e.g., medical assistants, RNs, LPNs) are permitted to provide CCM services—including non-face-to-face CCM services—as permitted by state law.

CMS—“Under the revised regulation, then, the time spent by clinical staff providing aspects of TCM and CCM services can be counted toward the TCM and CCM time requirement at any time, provided that the clinical staff are under the **general supervision** of a practitioner and all requirements of the revised ‘incident to’ regulations at Section 410.26 are met.”

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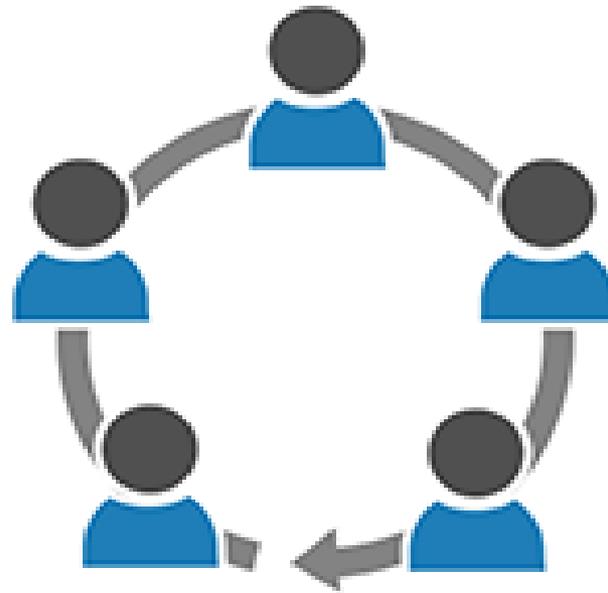
# Questions?

## For more information

- Visit the AAMA website: [www.aama-ntl.org](http://www.aama-ntl.org)
- Call the AAMA: 800/ACT-AAMA or 800/228-2262
- E-mail Chief Executive Officer Donald A. Balasa, JD, MBA: [dbalasa@aama-ntl.org](mailto:dbalasa@aama-ntl.org)
- Subscribe to *Legal Eye: On Medical Assisting*: <http://aamalegaleye.wordpress.com>

# MEMBER PERSPECTIVE

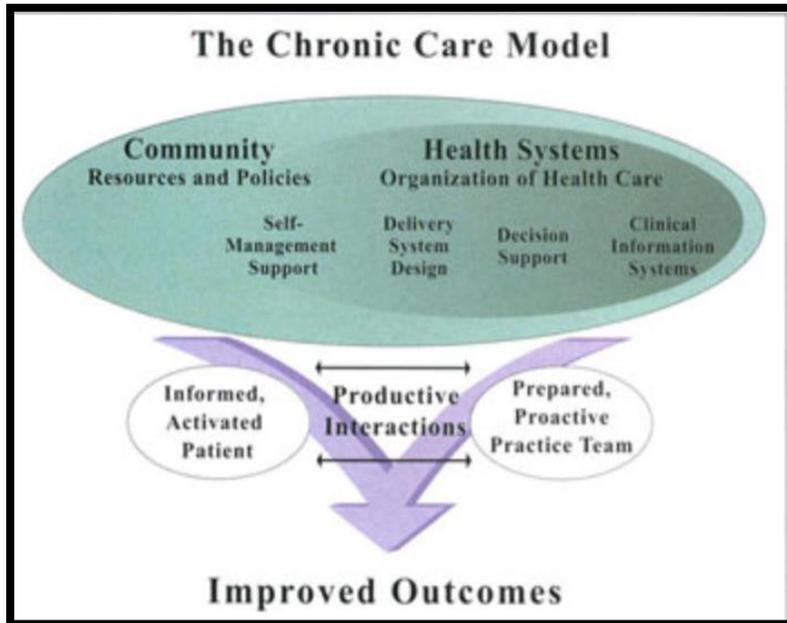
Arrowhead Regional  
Medical Center



# Expanding Care Assistants' Scope of Work

## Chronic Care Model

- Educate staff on the model
- Benefits of care coordination
- Vital role of CAs in patient care



## Reclassification of job title

- New job title & responsibilities
- Training & education
- Empanelment of Providers/CAs
  - Building rapport with Providers & Patients (Team Development)

# Expanding Care Assistants' Scope of Work

- **Introduce initiatives one-at-a-time**

- Provide educating & training  
(Role Plays)
- \*\*\*Improve patient care\*\*\*
- Create ownership of tasks
- On-going education & training
- Available community resources
  - Community organizations share their resources



# SNI Offerings

➤ **Sexual Orientation and Gender Identity (SOGI) Data Collection**

Webinar -- May 17, 12-1pm – [REGISTER](#)

➤ **Waiver Integration Team (WIT) Convening**

In-Person – May 24, 9-3pm – Hilton Oakland Airport Hotel - [REGISTER](#)

➤ **Team-Based Care Workshop**

In-Person – June 15, 9-4pm – The Oakland Center – Invitation  
Forthcoming

➤ **Resource Stewardship and PRIME**

Webinar – June 29 – 12-1pm - [REGISTER](#)

# We're listening!

- Please take 3 minutes to share your feedback in the post-event pop-up.
- Do you have suggestions for future topics or content?



Thank you for attending this webinar.  
Please take a moment to let us know how we did!

**How would you rate this webinar? (1 Low, 5 High)**

None ▼

**Why did you give it that rating?**

**What is your key takeaway action item from this session?**

**Do you have suggestions for future topics or content?**