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# Standards and practice

## Joint Commission manual does not limit medical assistants' scope

In a 2015 Public Affairs column, I argued that The Joint Commission *Standards for Ambulatory Care* did not dictate medical assisting scope of practice and did not supersede or override state and federal medical assisting law.<sup>1</sup> Because many ambulatory care delivery centers are affiliated with, and on the premises of, hospitals, I am starting to receive questions about whether Joint Commission standards for hospitals limit the scope of practice for medical assistants. The answer to this question is that The Joint Commission *Comprehensive Accreditation Manual for Hospitals (CAMH)*<sup>2</sup> (January 2016) contains essentially the same language as The Joint Commission *Standards for Ambulatory Care (SAC)*<sup>3</sup> in regard to delegation to unlicensed allied health professionals such as medical assistants. Therefore, the scope of practice for medical assistants under state and federal law is not altered in any way by the provisions of *CAMH*.

*The CAMH does not add to or subtract from any state or federal requirements or restrictions on medical assistants' scope of practice or credentialing.*

Note the following from Standard HR.01.02.07 of the *CAMH*:

**Standard HR.01.02.07—**

The hospital determines how staff function within the organization.

**Elements of Performance for HR.01.02.07**

1. All staff who provide patient care, treatment, and services possess a current license, certification, or registration, in accordance with law and regulation.
2. Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation.

Also note the following from Standard HR.01.02.05:

**Standard HR.01.02.05—**

The hospital verifies staff qualifications.

**Elements of Performance for HR.01.02.05**

1. When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the hospital both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed.

*If state law permits providers to delegate to knowledgeable and competent unlicensed allied health professionals ..., the CAMH does not interfere with the provider's right to delegate, and the medical assistant's right to perform, an IM, ID, or subcutaneous injection.*

As was the case with The Joint Commission Standards for Ambulatory Care, the CAMH does not add to or subtract from any state or federal requirements or restrictions on medical assistants' scope of practice or credentialing. Thus, if state law permits providers to delegate to knowledgeable and competent unlicensed allied health professionals—such as medical assistants working under their direct/on-site supervision in outpatient settings—the administration of intramuscular (IM), intradermal (ID), and subcutaneous (subq) injections, the CAMH does not interfere with the provider's right to delegate, and the medical assistant's right to perform, an IM, ID, or subq injection.

Similarly, because the Centers for Medicare & Medicaid Services (CMS) rules for the Medicaid Electronic Health Record (EHR) Incentive Program indicate that only “credentialed medical assistants” (in addition to licensed health care professionals) are permitted to enter medication, laboratory, and diagnostic imaging orders into the computerized provider order entry (CPOE) system for meaningful use calculation purposes, nothing in the CAMH diminishes or alters this CMS requirement.

If a Joint Commission auditor, during an accreditation visit, takes the position that medical assistants are forbidden from performing certain tasks because of language in the CAMH, I would suggest that you immediately request written documentation of the citation, with a reference to the CAMH provision that is being violated. I also recommend that you contact me as soon as possible. ♦

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*General questions about The Joint Commission Comprehensive Accreditation Manual for Hospitals, or specific questions that arise about medical assisting scope of practice during an audit by TJC, should be directed to Donald A. Balasa, JD, MBA, chief executive officer and legal counsel, at [dbalasa@aama-ntl.org](mailto:dbalasa@aama-ntl.org), or 800/228-2262.*

#### References

1. Balasa DA. *Standards for Ambulatory Care* and the CMA (AAMA) credential: TJC document reinforces the importance of certification and does not limit scope of practice. *CMA Today*. 2015;48(1):6-7. <http://aama-ntl.org/cma-today/archives/article?id=cca2d54a-4840-6a90-a81c-ff00003b2c18#.WK8sJ28rLRY>. Accessed February 23, 2017.
2. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals*. Oakbrook Terrace, IL: Joint Commission Resources; 2016.
3. The Joint Commission. *2014 Standards for Ambulatory Care*. Oakbrook Terrace, IL: Joint Commission Resources; 2014.
4. Joint Commission FAQ page. The Joint Commission. <https://www.jointcommission.org/about/jointcommissionfaqs.aspx?CategoryId=10#2274>. Accessed February 23, 2017.

## About The Joint Commission

The Joint Commission is an independent, not-for-profit organization that accredits and certifies approximately 21,000 health care organizations and programs nationwide. Its mission is to continuously improve health care for the public through evaluation of health care organizations in collaboration with other stakeholders. The Joint Commission also aims to motivate health care organizations to excel in providing care that is safe, effective, and of the highest quality and value.<sup>4</sup>

Founded in 1951, The Joint Commission is the oldest and largest U.S. accrediting and standards-setting body in health care and has two nonprofit affiliate organizations<sup>4</sup>:

- The Joint Commission Center for Transforming Healthcare, which aims to solve critical safety and quality problems in health care.
- Joint Commission Resources (JCR) offers consulting services, educational services, and publications.

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