

Protecting Medical Assistants' Right to Practice

A Retrospective: Part II



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In Part I, I presented some of the successes of the American Association of Medical Assistants® (AAMA) in protecting medical assistants' right to practice under state law. In this article, I will discuss the AAMA's crucial role in ensuring that credentialed medical assistants were permitted to enter orders into the computerized provider order entry (CPOE) system for meaningful use calculation purposes under the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs.

Medicare and Medicaid EHR Incentive Programs

As authorized by the United States Congress in the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009, the Centers for Medicare & Medicaid Services (CMS) began establishing the Medicare and Medicaid EHR Incentive Programs (Incentive Programs) shortly after the HITECH Act was signed into law by President Barack Obama.

A key element of the Incentive Programs was that a certain percentage (respectively) of a licensed provider's (1) medication/prescription orders; (2) diagnostic imaging orders; and (3) laboratory orders had to be submitted electronically, and not by hard copy, to demonstrate the "meaningful use" of EHRs. Providers who did not meet these "meaningful use" percentage requirements in one or more of the three categories of orders would not receive incentive payments from CMS.

Who was allowed to enter orders into a CPOE system for meaningful use?

Medication, diagnostic imaging, and lab-

oratory orders were entered into an EHR via CPOE systems. Early versions of the proposed CMS regulations stated that only "licensed health care providers" or "licensed health care professionals" would be permitted to enter orders into the CPOE system to determine whether the meaningful use percentages had been met. In other words, orders entered into the CPOE system by *unlicensed* staff could *not* be counted toward meeting the meaningful use percentage requirements.

As is still the case in 2025, very few states licensed medical assistants when the initial CMS rules were proposed in 2011 and 2012. This limiting language in the proposed CMS rules, consequently, was of great concern to the AAMA because many medical assistants were routinely entering orders into the CPOE system at that time. Indeed, entering orders into the CPOE system was the primary job task for some medical assistants. Forbidding medical assistants from entering orders into the CPOE system would have been catastrophic for the medical assisting profession and would have likely caused countless medical assistants to lose their jobs.

The AAMA Submitted Comments to CMS

In March 2012, CMS issued a *Notice of Proposed Rulemaking* regarding the order entry personnel requirements for the Incentive Programs. The AAMA was quick to express its vehement opposition to the exclusionary language of the proposed rule:

There are a number of allied health professionals who are not licensed but who are formally educated in their disciplines, have a current [accredited] certification awarded by [a] national credentialing body,

and have the [knowledge and competence] to be able to enter orders into the CPOE system as directed by an overseeing health care provider, such as a physician, nurse practitioner, or physician assistant.

A good example of such allied health professionals is medical assistants who have graduated from a programmatically accredited postsecondary medical assisting program and who hold a current medical assisting credential that is accredited by the National Commission for Certifying Agencies [or under International Organization for Standardization (ISO) *Standard 17024*].

Given the reality that a significant number of allied health professionals are not licensed by state law but are capable of entering orders into the CPOE [system] ... without endangering the health and safety of patients, the AAMA respectfully requests that CMS alter the wording in its existing and proposed regulations to read as follows:

Use [CPOE] for medication[, diagnostic imaging, and laboratory] orders directly entered by any licensed **or appropriately credentialed** health care professional who can enter orders into the medical record per state, local, and professional guidelines.

Allowing appropriately credentialed, as well as licensed, health care professionals to enter orders into the CPOE system as directed by a health care provider would not increase the risk of inaccurate information being entered into the [EHR] but would allow for enhanced patient care resulting from increased attention to patient needs and greater communication among the health care team. It would also lessen the disruption of the current division of labor within the health care [delivery] system.¹

For more reading, visit the AAMA Legal Counsel's blog:

Legal Eye

On Medical Assisting



CMS Changed Its Rule

CMS amended its regulations to allow “credentialed medical assistants”—in addition to licensed health care professionals—to enter orders into the CPOE system for meaningful use calculation purposes. In the November/December 2012 issue of *Medical Assisting Today* (then *CMA Today*), the following was announced:

Due, in part, to the advocacy efforts of the [AAMA], CMS decided that credentialed medical assistants—including CMAs (AAMA)—would be permitted to enter medication, [laboratory, and diagnostic imaging] orders into the [CPOE] system for meaningful use purposes. This is a major victory for the medical assisting profession, credentialed medical assistants, and the AAMA.²

Enforcement of the Meaningful Use Requirements

As the CMS order entry requirements became widely known, a question arose regarding the strictness of CMS enforcement of this rule. I addressed this in my December 19, 2013, *Legal Eye* post:

When the [CMS] order entry rule went

into effect, there was some speculation that CMS auditors would not have the authority to inquire about the credential status of medical assistants entering orders into the CPOE system.

This speculation has no basis in fact. To qualify for payments under the [EHR] Incentive Programs, providers will be required to present documentation of all entries, many of which are automatically kept by the EHR system. CMS auditors have the authority to determine whether entry of medication, laboratory, and diagnostic imaging orders has been made by licensed health care professionals or credentialed medical assistants. If it is discovered that order entry was done by individuals other than licensed professionals or credentialed medical assistants, the auditors could cite this violation, and it is possible that the order entry by these individuals would not be counted toward meeting the meaningful use thresholds. As a result, the eligible professional may not meet all the core objectives and consequently would not receive incentive payments.

The reality of these audits only serves to emphasize the importance of employing credentialed professionals in the health care setting.³

To reinforce the importance of abiding by the meaningful use rule, the Department of Health and Human Services—the cabinet-level executive branch agency of which CMS is a part—announced the following audit plan:

Any eligible professionals (EPs) who received incentive payments from Jan. 1, 2011, to June 30, 2014, are eligible to be randomly selected for auditing. The OIG will review certain meaningful use measures to determine whether selected EPs incorrectly received any incentive payments, and whether those EPs have adequately protected patients' health information created or maintained by the EHR. As part of the

auditing process, the agency will request specific information and documentation of compliance with the meaningful use measures under review.⁴

Expiration of the Incentive Programs

As planned by CMS prior to the start of the Incentive Programs, both the Medicare and Medicaid EHR Incentive Programs ceased functioning by December 31, 2021. Nevertheless, the residual benefits of the Incentive Programs for the medical assisting profession and credentialed medical assistants continue to this day. ♦

Questions may be directed to CEO and Legal Counsel Donald A. Balasa, JD, MBA, at DBalasa@aama-ntl.org.

References

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2. Balasa D. AAMA triumphs in CMS order entry rule. *CMA Today*. 2012;45(6):6-8.
3. Balasa D. Audits and the importance of credentialing for order entry. *Legal Eye* blog. December 19, 2021. Accessed August 15, 2025. <https://aamalegaleye.wordpress.com/2013/12/19/audits-and-the-importance-of-credentialing-for-order-entry/>
4. Balasa D. OIG Initiates Audit Program of the Medicare EHR Incentive Program. *Legal Eye* blog. April 21, 2015. Accessed August 15, 2025. <https://aamalegaleye.wordpress.com/2015/04/>
5. The CMS rule for meaningful use order entry, question and answer session (11/1/2013). AAMA. November 20, 2013. Accessed August 15, 2025. <https://www.youtube.com/watch?v=yQiy6bmwEII>

Joint CMS and AAMA Presentation

Learn more about this success via a presentation and question-and-answer session presented at the 57th AAMA Annual Conference⁵:

