



Donald A. Balasa, JD, MBA, ICE-CCP
AAMA Legal Counsel

The AAMA's New Microcredential

Learn How the CMA (AAMA), I.V.
Benefits Medical Assistants

The Certifying Board (CB) of the American Association of Medical Assistants® (AAMA) has announced that its new add-on microcredential in intravenous (IV) initiation, maintenance, and discontinuation for CMAs (AAMA) will be available in the coming weeks. Additional information and approved program listings will be available on the AAMA website. Only current CMAs (AAMA) will be eligible to obtain the IV add-on microcredential by passing a course in IV initiation and discontinuation approved by the CB. Current CMAs (AAMA) who successfully complete an approved course in IV initiation will be permitted to use the following designation after their name: “CMA (AAMA), I.V.” A medical assistant whose CMA (AAMA) is no longer current is not permitted to use the “CMA (AAMA)” or the “CMA (AAMA), I.V.” designations.

A Need for an IV Add-on Microcredential

One of my most important responsibilities as AAMA Legal Counsel is protecting the right to practice of CMAs (AAMA) and medical assistants by answering scope-of-practice questions. These questions are asked by employers, licensed providers, clinical supervisors, and medical assistants themselves from all American jurisdictions. By far the most frequent question I have received during the last 15 years is whether medical assistants are permitted to perform IV tasks. Licensed providers generally want to be allowed to delegate to knowledgeable and competent medical assistants working under their authority and supervision the performance of IV tasks—almost always initiating IVs and sometimes performing IV infusions. Medical assistants also have expressed an interest in performing IV tasks.

After years of hearing and analyzing the expressed desires of providers to delegate to educated and competent medical assistants the performing of certain IV tasks, especially IV initiation and discontinuation, I recommended that the CB consider creating an add-on microcredential for the CMA (AAMA) in IV initiation, monitoring, and discontinuation.

Professional Advancement: Career Ladders and Lattices

Survey results over several years from AAMA members—including CMAs (AAMA)—have indicated consistently that one of their strongest expectations is that the AAMA provide avenues for career advancement. This is often described as the AAMA offering opportunities for “career laddering” and “career latticing.”

These ladders and lattices can be clinical, administrative, a combination thereof,

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Learn more about the IV add-on microcredential for CMAs (AAMA):



or in some other category. After years of answering emails from CMAs (AAMA) and other medical assistants who want to be delegated IV tasks, I came to the conclusion that students in and graduates of medical assisting programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Accrediting Bureau of Health Education Schools (ABHES) (or equivalent programs) with an interest in career advancement in the clinical aspects of medical assisting would want to be able to perform IV tasks—especially starting an IV.

Interest in an IV Add-on Microcredential

My above conclusion is supported by survey data. In a 2024 survey sent to current CMAs (AAMA), two questions were asked. The following are the questions and the results of this survey:

Q1. If it were legal in your state for medical assistants to perform IV tasks, would you be interested in completing a course in IV therapy and technique?

Yes: 9,853 (95%)

No: 502 (5%)

Q2. Upon the successful completion of a course, demonstration of clinical competence, and passing an exam, would receiving an IV credential be of interest to you?

Yes: 9,714 (95%)

No: 543 (5%)

Will the IV Add-on Microcredential Result in More Graduates Choosing to Take the CMA

(AAMA) Certification Exam?

Although it is impossible to know for sure, I believe it is possible that the IV add-on microcredential for the CMA (AAMA) will result in a greater percentage of students in and graduates of CAAHEP- or ABHES-accredited medical assisting programs (or equivalent programs) who will choose to take the CMA (AAMA) Certification Exam so they will be eligible for the IV add-on microcredential. It is also conceivable that the opportunity to obtain the CMA (AAMA), I.V. will increase the number of aspiring medical assistants who decide to attend CAAHEP- or ABHES-accredited medical assisting programs.

How Many States Allow Medical Assistants to Initiate IVs?

There are four states (Florida, Maryland, Montana, and Washington) with specific statements in statute or regulation that authorize providers to delegate certain IV tasks to medical assistants. There are four other states in which IV tasks are being delegated to medical assistants based on statements from the state board of medical examiners or interpretations of state delegation laws. There are eight states whose laws do not allow medical assistants to perform IV tasks, and there are 34 states whose laws neither explicitly allow nor prohibit providers from delegating to medical assistants the performance of IV tasks.

The Existence of the CMA (AAMA), I.V. Could Cause More States to Legalize IV Initiation for CMAs (AAMA), I.V.

Bodies that accredit academic programs in a profession/occupation and private sector certification boards often revise their curriculum requirements and examina-

tion content outlines (respectively) when scope-of-practice laws are changed by state legislatures and state regulatory boards. However, this process can also work in reverse. That is, changes in curricular content by academic accrediting bodies and the content outline of private-sector certifications can lead to changes in statutes and regulations that expand the legal scope of practice for a profession.

I contend that the creation of the CMA (AAMA), I.V. could lead to changes in state law that would authorize providers to delegate certain IV tasks to CMAs (AAMA), I.V. The existence of a course in IV initiation approved by a testing body (i.e., the CB of the AAMA) with a certification accredited by the National Commission for Certifying Agencies should assuage any concerns of state legislators or regulators that the health, safety, and welfare of patients would be jeopardized by allowing appropriately educated and credentialed medical assistants to initiate IVs.

A New Type of AAMA Advocacy Will Be Needed

The advocacy role of the AAMA will change with the launch of the CMA (AAMA), I.V. add-on microcredential. Protecting the right to practice of CMAs (AAMA) and other medical assistants will continue to be paramount. However, the AAMA will also have to collaborate with provider organizations in urging state decision-makers to modify laws regarding the delegation of IV initiation to include CMAs (AAMA), I.V. ♦

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