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**By Electronic Submission**

Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-3310-P  
Mail Stop C4-26-05  
7500 Security Blvd.  
Baltimore, MD 21244-1850

RE: File Code CMS-3310-P  
Comments on Stage 3 EHR Meaningful Use Proposed Rule

American Medical Technologists (AMT), a national, nonprofit certification organization and membership association representing over 66,000 clinical laboratory professionals, medical assistants, and other allied health personnel, submits the following comments on CMS's proposed rule to establish Stage 3 "meaningful use" criteria for the Medicare Electronic Health Records Incentive Program, as published in the March 30, 2015 *Federal Register* (80 FR 16732).

AMT was founded in 1939 as a certification agency for medical laboratory personnel. AMT has expanded its scope over the years and now provides credentialing and membership services to not only clinical laboratory personnel, but also medical assistants, phlebotomy technicians, and dental assistants. Presently, AMT's Registered Medical Assistant (RMA) program accounts for a majority of AMT's certificant-membership base – approximately 45,900 actively certified RMAs. The RMA credentialing program, like each of AMT's other certification programs, is fully accredited by the National Commission for Certifying Agencies (NCCA), the accrediting arm of the Institute for Credentialing Excellence.

Although AMT anticipates its membership will be widely involved in the utilization of electronic health records (EHR) systems and certified electronic health records technology (CEHRT), we focus our comments on one specific aspect of the proposed Stage 3 regulations. In particular, AMT's comments respond to CMS's proposed **Objective 4** relating to the **Computerized Provider Order Entry (CPOE)** system.

In the Stage 2 rule, CMS expanded the scope of the Stage 1 CPOE objective to include the entry of laboratory and radiology orders, in addition to medication orders. In the proposed Stage 3 rule, CMS has proposed further to expand the scope of the CPOE

system to include orders for most other forms of diagnostic imaging besides traditional radiology, such as ultrasound, magnetic resonance, and computed tomography. (80 FR at 16750.) AMT fully supports the proposed expansion of the CPOE objective to include the additional forms of diagnostic imaging, and agrees with CMS that the expansion addresses the needs of specialists and allows for a wider variety of clinical orders relevant to particular specialists to be included for purposes of measurement.

In the Stage 2 final rule, CMS also expanded the categories of healthcare professionals who are authorized to enter orders into the CPOE system for purposes of Meaningful Use attestation. Under the Stage 1 rule, only licensed practitioners with prescribing authority were permitted to use the CPOE system. In the Stage 2 final rule, CMS expanded the authorized order entry personnel to include independently credentialed medical assistants who have authority under applicable state laws, while also making clear that other unlicensed staff of eligible professionals (EPs), such as scribes, lack the clinical knowledge to assure quality and safety in the CPOE order entry process. (77 FR 53986.)

In the proposed Stage 3 rule, CMS proposes to continue the policy that orders entered by any licensed healthcare professional or credentialed medical assistant would count towards this objective. CMS further proposes to clarify that, if a staff member of an EP who is appropriately credentialed and performs assistive services similar to a medical assistant, but carries a more specific title due to either specialization of their duties or to the specialty of the medical professional they assist, orders entered by that staff member would be included in this objective. CMS further notes that medical staff whose job title, or the title of their credential, is other than medical assistant may enter orders if these staff are credentialed to perform the equivalent duties of a credentialed medical assistant by a credentialing body other than their employer and perform such duties as part of their organizational or job title. At the same time, CMS continues in the proposed rule to emphasize that “laypersons” such as scribes and administrative office assistants are not qualified to enter orders to satisfy the CPOE objective. This is because, as stated in the final Stage 2 rule, **it is critical that CDS (clinical decision support) interventions will be presented to someone with medical knowledge as opposed to a layperson.** As further explained in the proposed rule:

[I]t is apparent that the prevalent time when CDS interventions are presented is when the order is entered into CEHRT, and that not all EHRs also present CDS when the order is authorized (assuming such a multiple step ordering process is in place). This means that the person entering the order would be required to enter the order correctly, evaluate a CDS intervention either using their own judgment or through accurate relay of the information to the ordering provider, and then either make a change to the order based on the information provided by the CDS intervention or bypass the intervention. The execution of this role represents a significant impact on patient safety; therefore, we continue to maintain for Stage 3

that a layperson is not qualified to perform these tasks. We believe that the order must be entered by a qualified individual. [80 FR at 16751.]

AMT strongly supports CMS's proposal to continue recognizing CPOE order entry by both licensed practitioners and independently credentialed medical assistants. Medical assistants certified by a nationally accredited organization such as AMT have demonstrated that they have the training and knowledge necessary to exercise the clinical judgment required for CDS intervention in the order entry process. AMT also strongly supports CMS's proposal to continue precluding laypersons from entering CPOE orders for purposes of demonstrating meaningful use under Objective 4. We agree that the possession of clinical knowledge, training and skills – as is demonstrated by a medical assistant credential – is essential to proper performance of CPOE order entry.

AMT is not aware of other credentials that could be deemed the “equivalent” of a medical assistant certification by an independent, accredited organization such as ours. We do not object to CMS's proposal to permit recognition of equivalent credentials, but urge the agency to provide greater specificity as to the types of certifications that may be deemed equivalent. At a minimum, we urge CMS to specify minimum areas and levels of subject matter knowledge and training considered essential to perform CPOE order entry. AMT also suggests that to be considered properly credentialed, the medical assistant (or equivalent) should possess a current certification by an organization accredited by the NCCA or the American National Standards Institute (ANSI).

Thank you for the opportunity to comment on this aspect of the proposed EHR Meaningful Use – Stage 3 regulations.

Sincerely,



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