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October 2, 2017

William Roeder, Executive Director
State Board of Medical Examiners
PO Box 183
Trenton, NJ 08625-0183

By electronic submission

RE: Proposed revisions to N.J.A.C. 13:35-6.4

Dear Mr. Roeder:

American Medical Technologists (AMT) and the New Jersey State Society of AMT (NJSSAMT) submit the following comments on the State Board of Medical Examiners' (Board) proposed revisions to the rule governing the delegation of administration of subcutaneous and intramuscular injections to certified medical assistants, N.J.A.C. 13:35-6.4. The proposed revisions were contained in the Board's notice published in the August 21, 2017 *New Jersey Register* at pages 2745-2746.

AMT is a national, nonprofit certification organization for allied health professionals including medical assistants, phlebotomists, clinical laboratory technologists and technicians, and related occupations. AMT currently has over 77,000 active member-certificants, including approximately 58,000 Registered Medical Assistants (RMA(AMT)); of those RMA(AMT) members, around 2,600 reside in New Jersey and are thus members of NJSSAMT.

AMT's certification programs, including the RMA(AMT), are fully accredited by the National Commission for Certifying Agencies (NCCA), the accrediting arm of the Institute for Credentialing Excellence. AMT is one of the organizations currently recognized by the Board in N.J.A.C. 13:35-6.4(a)(2) to provide credentialing for "certified medical assistants."

The Board's August 21, 2017 rulemaking notice described the proposed revisions to N.J.A.C. 13:35-6.4 as follows:

N.J.A.C. 13:35-6.4 incorrectly identifies the National Healthcare Association (NHA) as an entity that accredits post-secondary medical assisting education programs. The NHA does not accredit such programs; it certifies

medical assistants. The Board proposes to amend N.J.A.C. 13:35-6.4 to correct this mistake and to recognize that the American Medical Certification Association (AMCA) and National Association for Health Professionals (NAHP) also certify medical assistants.

AMT and NJSSAMT (hereafter collectively referred to as "AMT") provide the following comments on the proposed rule revision. The first two comments pertain to the language of the proposal itself; the other two aspects suggest additional revisions to the existing rule beyond those proposed in the Board's August 21 rulemaking notice.

1. Support removal of erroneous reference, with further clarification – AMT supports the Board's proposal to remove the erroneous reference to the National Healthcareer Association (NHA) as an accrediting entity for post-secondary educational programs. The NHA is appropriately recognized instead as an organization that provides certification for medical assistants.

AMT suggests that the Board make one additional clarification with respect to recognized accrediting agencies. The rule refers to "the Committee on Allied Health Education and Accreditation of the American Medical Association (CAHEA), or its successor." The CAHEA was replaced by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) in 1994. We suggest that the Board remove the outdated reference to CAHEA and substitute "the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or its successor," in its stead.

2. Oppose recognition of non-accredited certification program – The Board proposes to recognize two new organizations that provide credentialing for medical assistants: the American Medical Certification Association (AMCA) and National Association for Health Professionals (NAHP). Of those two entities, only AMCA is currently accredited by NCCA. To AMT's knowledge, **NAHP is not presently accredited by NCCA or by any other independent body that accredits professional certification programs.** All of the other medical assistant certifying organizations heretofore accepted by the Board under N.J.A.C. 13:35-6.4(a)(2) are fully accredited by NCCA. With a recent proliferation of for-profit certifying entities, including NAHP, we believe it would be a mistake for the Board to lower its standards, and potentially compromise patient safety, by accepting medical assistant credentials issued by non-accredited programs.

Independent accreditation of a medical assistant certification program signifies third-party verification that an agency's programs and processes adhere to industry conventions and best practices. In NCCA's words: "Accreditation for professional or personnel certification programs provides impartial, third-party validation that your program has met recognized national and international credentialing industry standards for development, implementation, and maintenance of certification programs." In addition:

"The NCCA Standards were developed to help ensure the health, welfare, and safety of the public. They highlight the essential elements of a high-quality program."

Among other important benefits, NCCA Standards provide assurance that accredited programs satisfy essential criteria in the following areas:

- In terms of structure, the governing body must be autonomous in its decision-making capacity (not owing to a higher authority) and must ensure adequate stakeholder representation.
- There must be structural separation between certification and any training/education function to promote the avoidance of conflicts of interest.
- The program must demonstrate that it possesses adequate financial backing and sufficient staff resources (including technical expertise) to support certification activities.
- Policies must be established that pertain to the structure and function of subject matter expert (SME) committees, including representative SMEs from the certified population that rotate involvement over time.
- Examinations must be based on a job analysis that defines the domains and tasks related to the purpose of the credential.
- Examination specifications must be developed that describe what the assessment is intended to measure and how it measures knowledge.
- Programs must perform and document standard setting studies that relate performance on the examination to some rational level of proficiency.
- Examinations must be administered ensuring that all candidates take the examination under comparable conditions, safeguard the confidentiality of test content, and address security at every stage of the process.
- Programs must employ and document sound psychometric procedures for scoring, interpreting, and reporting examination results; programs also must demonstrate that assessments possess acceptable (statistical and decision classification) reliability.
- Programs must require periodic recertification.
- The agency must establish and enforce policies, and demonstrate that it makes information on policy and processes available to the public, to include:
 - application process and eligibility
 - a detailed description of the exam
 - procedures and policies regarding ADA accommodations
 - nondiscrimination policies
 - retesting policies
 - appeals processes and policies
 - volumes of candidates and certificants
 - many other sundry program-descriptive elements

- The agency must have policies in place addressing confidentiality regarding the access, maintenance, and release of confidential candidate and examination-related information.
- The agency must have record management and record retention policies, including policies regarding the secure retention of candidate examination information (results/scores).

While non-accredited programs may adhere to some of these standards, only a fully accredited program can be assured of satisfying all of NCCA's rigorous criteria. For this reason, and because there is no shortage of accredited medical assistant credentialing programs available to certification candidates, AMT urges the Board to limit its recognition to programs that have achieved and maintain current accreditation by NCCA or other nationally recognized independent accreditation entity.

3. Eliminate artificial and misleading distinction between “certified” and “registered” – Both the existing and the proposed revised language of subsection 13:35-6.4(a)(2) draw a misleading distinction between “certification” and “registration” of medical assistants. In particular, the proposed revision would provide that: “The medical assistant must also maintain current certification from the Certifying Board of the American Association of Medical Assistants (AAMA), the National Center for Competency Testing (NCCT) or registration from the American Medical Technologists (AMT), National Healthcareer Association (NHA), American Medical Certification Association (AMCA), National Association for Health Professionals (NAHP), or any other recognized certifying body approved by the Board.” The suggestion that the first two named organizations “certify” medical assistants while the other named organizations “register” such personnel creates a perceived distinction that has no legitimate basis in the field of credentialing and could lead to needless confusion in New Jersey healthcare. AMT's Registered Medical Assistants are *certified* to the same extent as medical assistants credentialed by AAMA and NCCT. Yet the regulatory distinction could create an erroneous implication that one status is distinct from – and possibly superior to – the other.

AMT therefore requests that the Board delete the phrase “or registration from” in the above-quoted sentence of the proposed revised rule.

4. Add an experience-plus-certification route to qualify medical assistants to administer injections – Under N.J.A.C. 13:35-6.4(a)(2), a medical assistant must have graduated from an accredited post-secondary medical assisting education program, in addition to maintaining current certification, in order to qualify for administering subcutaneous and intramuscular injections. AMT urges the Board to adopt an alternative qualifying route by which medical assistants with five (5) years of documented clinical experience who maintain current certification with a recognized credentialing body may also administer such injections.

All of the certifying organizations recognized by the Board except for the AAMA allow medical assistants with a certain minimum level of clinical experience to challenge the organization's certification exam. AMT's on-job training route is the most rigorous, requiring five full years of documented experience under supervision of one or more licensed physicians. While AMT recognizes the value of post-secondary education programs – and a substantial majority of RMA(AMT) certification applicants are recent graduates of accredited education programs – we have found that five years' verified experience typically prepares a medical assistant to succeed on the RMA(AMT) exam.

In fact, several years ago when AMT received a surge of RMA applications via the five-year experience route in response to the Medicare program's EHR Meaningful Use regulations,¹ AMT's certification staff conducted a study to compare performance on the RMA(AMT) exam by recent education program graduates with the performance by the on-job trained candidates. Somewhat surprisingly, the experience-route candidates scored significantly higher on the exam than those qualifying by education:

% Pass Rate RMA(AMT) Certification Exam Jan. 2012 through June 2013	
Work Experience	Education
94.3%	78.8%

These pass-rate statistics suggest that individuals who have the maturity and dedication to hold down a job in clinical medical assisting for at least five years can obtain the necessary knowledge and skills to perform the tasks typically associated with the occupation, including administration of subcutaneous and intramuscular injections.

Accordingly, AMT urges the Board to adopt a new, alternative route to qualify as a "certified medical assistant" under N.J.A.C. 13:35-6.4, consisting of a minimum of five (5) years' documented experience as a medical assistant performing clinical functions, *plus* maintenance of current certification by one of the NCCA-accredited credentialing organizations recognized by the Board.

¹ The Stage 2 and Stage 3 EHR Meaningful Use incentive program rules provided that computerized orders for pharmacy, laboratory, and imaging services could be entered only by licensed healthcare providers or by "credentialed medical assistants" (or equivalent). This requirement led many physicians to get their medical assistants certified by organizations such as AMT that offered an experience-plus-examination route to certification.

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In closing, we thank you for the opportunity to submit these comments on behalf of American Medical Technologists and the New Jersey State Society of AMT.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael N. McCarty". The signature is fluid and cursive, with a large, stylized initial "M".

Michael N. McCarty
AMT Legal Counsel

cc: Christopher A. Damon, JD, Executive Director, AMT
Kathy Cilia, Director of Marketing, Member Services, and Operations, AMT
James R. Fidler, Ph.D., Director of Testing and Competency Assurance, AMT
Tatiana Casal, RMA(AMT), President, NJSSAMT