

50 N.J.R. 1284(a)

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RULE ADOPTIONS

Reporter

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> LAW AND PUBLIC SAFETY -- DIVISION OF CONSUMER AFFAIRS*

Agency

LAW AND PUBLIC SAFETY > DIVISION OF CONSUMER AFFAIRS > STATE BOARD OF
MEDICAL EXAMINERS

Administrative Code Citation

Adopted Amendment: N.J.A.C. 13:35-6.4

Text

Delegation of Administration of Subcutaneous and Intramuscular Injections and Performance of Venipuncture to Certified Medical Assistants

Proposed: November 6, 2017, at 49 N.J.R. 3481(b).

Adopted: February 14, 2018, by the State Board of Medical Examiners, J.
Paul Carniol, M.D, F.A.C.S., President.

Filed: April 25, 2018, as R.2018 d.117, **without change**.

Authority: N.J.S.A. 45:9-2.

Effective Date: May 21, 2018.

Expiration Date: April 3, 2025.

Summary of Public Comments and Agency Responses:

The official comment period ended January 5, 2018. The State Board of
Medical Examiners (Board) received three comments from the following
individuals:

1. Donald A. Balasa, JD, MBA, AAMA CEO and Legal Counsel
2. Michael N. McCarty, American Medical Technologists Legal Counsel
3. Deborah A. Wean, Esq., New Jersey Manufacturers Insurance Group

1. COMMENT: A commenter recommends that N.J.A.C. 13:35-6.4(a)2 be amended to require certified medical assistant education programs to include education in venipuncture and phlebotomy. The commenter also recommends that the Board require that certified medical assistant education programs follow requirements for professional registered nurse education programs. The commenter's recommended amendments would require certified medical assistant education programs to include the same number of hours as professional nursing education programs as set forth in N.J.A.C. 13:37-1.8(f).

RESPONSE: As it is a physician's decision as to whether a certified medical assistant can perform venipuncture or phlebotomy, many certified medical assistants will not perform them and the Board does not believe that it is appropriate to require all certified medical assistant education programs to cover these procedures. The Board believes that the requirements for registered professional nurse education programs are significantly more extensive than that necessary to prepare a certified medical assistant to perform injections and will not change N.J.A.C. 13:35-6.4 as the commenter recommends.

2. COMMENT: N.J.A.C. 13:35-6.4(d) sets forth the types of injections that cannot be delegated to certified medical assistants. A commenter recommends that this regulation be amended to include prolotherapy, injections of platelet rich plasma, stem cell injections, cortisone injections for the treatment of tendinopathies, and trigger point injections. The commenter contends that certified medical assistants do not have the experience or expertise to administer such injections at the proper location or depth. The commenter is also concerned that certified medical assistants could be permitted to perform injections with the use of assisted technology, such as ultrasound, and recommends that such injections be prohibited.

RESPONSE: The Board did not consider revisions to the prohibitions in N.J.A.C. 13:35-6.4(d) when it proposed the amendments to education requirements for certified medical assistants, therefore, the commenter's suggested changes are beyond the scope of this rulemaking. While the Board believes that certified medical assistants are prohibited from providing treatments, and that many of the procedures identified by the commenters constitute treatments, the Board needs to look into such prohibitions at a future date to determine if amendments to N.J.A.C. 13:35-6.4(d) are appropriate.

3. COMMENT: A commenter is concerned that the reduction of the number of hours for certified medical assistant education programs will lead to insufficiently educated assistants and potential safety risks for patients. The commenter contends that a 330-hour educational program cannot cover the information necessary to prepare an individual to be a certified medical assistant. The commenter recognizes that a 330-hour program could cover the clinical skills to provide non-intravenous injections, but contends that such a program could not cover the other aspects of clinical medical assisting or administrative functions. The commenter contends that 330-hour programs would not meet accreditation standards for the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Accrediting Bureau of Health Education Schools (ABHES).

RESPONSE: The Board points out that N.J.A.C. 13:35-6.4 addresses the delegation of injections to certified medical assistants, it does not address other aspects of clinical medical assisting or administrative functions performed by certified medical assistants. As such, the education identified in the rule solely addresses injections. The Board has reviewed a 330-hour long program and has determined that it adequately prepares a certified medical assistant to administer injections under the direction of a physician.

4. COMMENT: A commenter recommends that the Board amend N.J.A.C. 13:35-6.4(c) and (e) so that, when a certified medical assistant has completed an accredited education program of at least 600 hours and an externship of 160 hours, a physician would not have to determine that the certified medical assistant has completed training that demonstrates proficiency in the procedures to be performed.

RESPONSE: In order to protect the health, safety, and welfare of patients who receive injections from certified medical assistants, the Board believes that physicians will need to determine the ability of every individual certified medical assistant to administer injections and it will not change N.J.A.C. 13:35-6.4 as the commenter recommends.

5. COMMENT: A commenter is concerned with the recognition of the National Association for Health Professional (NAHP) and the National Certification Medical Association (NCMA) as entities that can certify medical assistants. The commenter contends that the NAHP and the NCMA are not accredited by the National Commission for Certifying Agencies (NCCA). The commenter points out that every other certifying body recognized by the Board is accredited by the NCCA and contends that the Board should not recognize certifying bodies that are not accredited.

RESPONSE: The Board has reviewed the standards of the NAHP and the NCMA and believes that these standards ensure that registration with the NAHP or NCMA ensures that an individual who has also completed the

required education program is qualified to be considered a certified medical assistant.

Federal Standards Statement

A Federal standards analysis is not required because there are no Federal laws or standards applicable to the adopted amendments.

Regulations

Full text of the adoption follows:

[page=1285] SUBCHAPTER 6. GENERAL RULES OF PRACTICE

13:35-6.4 Delegation of administration of subcutaneous and intramuscular injections and performance of venipuncture to certified medical assistants

(a) The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise:

1. (No change.)
2. "Certified medical assistant" means a graduate of a post-secondary medical assisting education program accredited by the National Healthcare Association (NHA), or its successor, The Committee on Allied Health Education and Accreditation of the American Medical Association (CAHEA), or its successor; Accrediting Bureau of Health Education Schools (ABHES), or its successor; or any accrediting agency recognized by the U.S. Department of Education. The educational program shall include, at a minimum, 330 clock hours of instruction and shall encompass training in the administration of intramuscular and subcutaneous injections and instruction and demonstration in: pertinent anatomy and physiology appropriate to injection procedures; choice of equipment; proper technique, including sterile technique; hazards and complications; and emergency procedures. 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), the American Medical Certification Association (AMCA), the National Association for Health Professionals (NAHP), the National Certification Medical Association (NCMA), or registration from the American Medical Technologists (AMT), or any other recognized certifying body approved by the Board.

(b) A physician may direct a certified medical assistant employed in the medical practice in which the physician practices medicine, to administer to the physician's patients an intradermal, intramuscular or subcutaneous injection, or to perform venipuncture, in the limited circumstances set forth in this section, without being in violation of the pertinent professional practice act implemented by the Board, to the extent such conduct is permissible under any other pertinent law or rule administered by the Board or any other State agency.

(c) A physician may direct the administration of an injection by a certified medical assistant only where the following conditions are satisfied:

1. The physician has determined and documented that the certified medical assistant has the qualifications set forth in (a)2 above, has attained a satisfactory level of comprehension and experience in the administration of intramuscular and subcutaneous injection techniques and has completed training that demonstrates to the physician proficiency in the procedures to be performed, which shall include at least:

i. Ten hours of training in administering injections; and

ii. Satisfactory performance of least 10 intramuscular injections, 10 subcutaneous injections, and 10 intradermal injections.

2.-5. (No change.)

(d) (No change.)

(e) A physician may direct a certified medical assistant to perform venipuncture only where the following conditions are satisfied:

1. The physician has determined and documented that the certified medical assistant has the qualifications set forth in (a)2 above, has attained a satisfactory level of comprehension and experience in the performance of venipuncture, and has completed training that demonstrates to the physician proficiency in the procedures to be performed, which shall include at least:

i. Ten hours of training in venipuncture and skin puncture for the purpose of withdrawing blood; and

ii. Satisfactory performance of at least 10 venipunctures.

2. The certified medical assistant shall wear a clearly visible identification badge indicating his or her name and credentials.

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