

NEW MEXICO ADVANCED PRACTICE PROFESSIONALS MATRIX

	CLINICAL NURSE SPECIALISTS	CERTIFIED NURSE PRACTITIONERS	CERTIFIED NURSE MIDWIVES	PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS WITH SUPERVISING D.O.
REGULATION STATUS	<p>NMAC 16.12.2 NMSA 1978, 61-3-1 to 61-3-30. N.M. Stat. Ann. § 61-3-23.4 http://www.nmcpr.state.nm.us/nmac/parts/title16/16.012.0002.htm</p> <p>Boardofnursing@state.nm.us New Mexico Board of Nursing 505-841-9083 http://www.bon.state.nm.us/</p>	<p>NMAC 16.12.2 NMSA 1978, 61-3-1 to 61-3-30. N.M. Stat. Ann. § 61-3-23.2 http://www.nmcpr.state.nm.us/nmac/parts/title16/16.012.0002.htm</p> <p>Boardofnursing@state.nm.us New Mexico Board of Nursing 505-841-9083 http://www.bon.state.nm.us/</p>	<p>NMAC 16.11.2, 10/15/09 NMSA 1978, 61-3-1 to 61-3-30. State Statute: N.M. Stat. Ann. § 61-3-24.11.4.1 http://www.health.state.nm.us/</p> <p>Public Health Division of the Department of Health 505-476-8908 www.health.state.nm.us</p> <p>NOTE: CNMs are not licensed as Advanced Practice Nurses in NM, but are licensed/regulated under Public Health Act</p>	<p>16.10.15.1 ISSUING AGENCY: New Mexico Medical Board [16.10.15.1 NMAC - Rp 16 NMAC 10.15.1, 7/15/01; A, 10/5/03] http://www.nmcpr.state.nm.us/nmac/parts/title16/16.010.0015.htm</p> <p>nbme@state.nm.us New Mexico Medical Board 505-476-7220 http://www.nmmb.state.nm.us/</p>	<p>16.18.1 ISSUING AGENCY: New Mexico Medical Board Regulation and Licensing Department - Board of Osteopathic Medical Examiners] http://www.nmcpr.state.nm.us/NMAC/parts/title16/16%20018.0001.htm</p> <p>Osteopathic Examiners Board 505-476-4695 http://www.rld.state.nm.us/</p>
<p><i>Per NM BON, advanced practice registered nurses include CNP, CNS, CRNA – NOT CNM. Per NMAC “licensed independent practitioner” means an advanced practice professional registered nurse permitted by law to provide care without direction or supervision within the scope of the individual’s license and consistent with individually granted privileges; this includes certified nurse midwives, certified nurse practitioners. Regulation here is taken from NM BON and NM DOH, unless NMAC is relevant</i></p>					
SCOPE OF PRACTICE	<p>Clinical nurse specialists may: (1) perform an advanced practice that is beyond the scope of practice of professional registered nursing; (2) <u>make independent decisions in a specialized area of nursing practice</u> using expert knowledge regarding the health care needs of the individual, family and community, collaborating as necessary with other members of the health care team when the health care need is beyond the scope of practice of the clinical nurse specialist; and (3) carry out therapeutic regimens in the area of specialty practice, including the prescription and distribution of dangerous drugs.</p> <p>“Valid practitioner-patient relationship” means a professional relationship between the practitioner and the patient for the purpose of maintaining the patient’s well-being. At minimum, this relationship is an interactive encounter between the practitioner and patient involving an appropriate history and physical or mental examination, ordering labs or diagnostic tests sufficient to make a diagnosis and providing, prescribing or recommending treatment, or referring to other health care providers. A patient record must be generated by the encounter. [16.12.2.7 NMAC]</p>	<p>Certified nurse practitioners may: (1) perform an advanced practice that is beyond the scope of practice of professional registered nursing; (2) <u>practice independently and make decisions regarding health care needs</u> of the individual, family or community and carry out health regimens, including the prescription and distribution of dangerous drugs and controlled substances included in Schedules II through V of the Controlled Substances Act [30-31-1 NMSA 1978]; and (3) serve as a primary acute, chronic long-term and end of life health care provider and as necessary collaborate with licensed medical doctors, osteopathic physicians or podiatrists.</p> <p>“Valid practitioner-patient relationship” means a professional relationship between the practitioner and the patient for the purpose of maintaining the patient’s well-being. At minimum, this relationship is an interactive encounter between the practitioner and patient involving an appropriate history and physical or mental examination, ordering labs or diagnostic tests sufficient to make a diagnosis and providing, prescribing or recommending treatment, or referring to other health care providers. A patient record must be generated by the encounter. [16.12.2.7 NMAC]</p>	<p>Midwifery practice as conducted by a CNM is the independent management of women’s health care, focusing particularly on common primary care issues, family planning and the gynecologic needs of women, pregnancy, childbirth, the postpartum period, the care of the newborn, and treatment of male partners of female clients for sexually transmitted diseases. A CNM independently prescribes, distributes and administers dangerous drugs and devices appropriate to a client’s condition. A CNM practices within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client. A CNM practices in accordance with the ACNM “standards for the practice of midwifery”. Practice guidelines for home births should be informed by the “ACNM home birth practice handbook” [16.11.2.3 NMAC] ADDITIONAL FOR CNM Certified nurse-midwife (CNM) means an individual educated in the two disciplines of nursing and midwifery, who is certified by the ACNM or its designee.</p>	<p>Unless otherwise provided by law, PAs may provide medical services delegated to them by the supervising physician when such services are within the PA’s skills and form a usual component of the physician’s scope of practice. A PA may assist a designated supervising physician in an inpatient or surgical health care institution within the institution’s bylaws or policies including act as a first surgical assistant in the performance of surgery, when permitted by the institution’s bylaws or regulations. [16.10.15.13 NMAC] 16.10.15.14 PRACTICE LIMITATIONS: Except as provided in Subsection B of 16.10.15.13 NMAC, a PA shall not suture major lacerations. A major laceration is one that extends to or through the deep fascia, muscles, nerves, tendons or major blood vessels. Except as provided in Subsection B of 16.10.15.13 NMAC, a PA may render first aid and immobilize fractures, but they may not manipulate or reduce a fracture when such manipulation requires regional or general anesthesia unless they are acting as first surgical assistant with a physician. [16.10.15.14 NMAC]</p>	<p>The PA may perform any duties which are: (1) within the scope of practice of the supervising physician normal practice; and (2) delegated to him or her by the supervising physician in accordance with the provision of Rule PA8-95 of these rules [now 16.18.6.9 NMAC]. In addition to the requirements and prohibitions stated in Sections 61-10A-4, 6, and 7, NMSA 1978, the Board may in its discretion, after investigation and evaluation, place limitations on the tasks a PA may perform under the authority and direction of a supervising physician pursuant to the process of approving, disapproving, or modifying the Plan of Supervision to be submitted to the Board pursuant to [16.18.6.9 NMAC]. [16.18.1.1 NMAC] PAs may provide medical services delegated to him or her by the supervising physician when such services are within the PA’s skills, from a usual component of the physician’s scope of practice, and are rendered under the direction of a Board-approved licensed supervising physician.</p>
CONTINUING EDUCATION REQUIREMENTS	<p>Clinical Nurse Specialists must complete a total of 50 hours of approved CE each renewal. Thirty (30) contact hours shall meet the requirements for licensure as an RN and an additional twenty (20) contact hours , fifteen (15) of which must be pharmacology and five (5) in the area of practice. http://www.bon.state.nm.us/cont_ed.php</p>	<p>Certified nurse practitioners must complete a total of 50 hours of approved CE each renewal. Thirty (30) contact hours shall meet the requirements for licensure as an RN and an additional twenty (20) contact hours , fifteen (15) of which must be pharmacology and five (5) in the area of practice. http://www.bon.state.nm.us/cont_ed.php</p>	<p>30 contact hours of continuing education total are required during each renewal period. 15 contact hours of PHARMACOLOGY <u>RELATED</u> education are required during each renewal period.</p>	<p>100 hours of continuing education for PAs required every two years. Current NCCPA certification required for bi-annual renewal.</p>	<p>100 hours of continuing education required for PAs every two years. Current NCCPA certification required for bi-annual renewal</p>

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LICENSURE & CERTIFICATION	<p>61-3-23.4. Clinical nurse specialist A. The Board may license for advanced practice as a clinical nurse specialist an applicant who furnishes evidence satisfactory to the Board that the applicant: (1) is a registered nurse; (2) has a master's degree or doctoral degree in a defined clinical nursing specialty; (3) has successfully completed a national certifying examination in the applicant's area of specialty; and (4) is certified by a national nursing organization.</p>	<p>61-3-23.2. Certified nurse practitioner The Board may license for advanced practice as a certified nurse practitioner an applicant who furnishes evidence satisfactory to the Board that the applicant: (1) is a registered nurse; (2) has successfully completed a program for the education and preparation of nurse practitioners; provided that if the applicant is initially licensed by the Board or a Board in another jurisdiction after January 1, 2001, the program shall be at the master's level or higher; (3) has successfully completed the national certifying examination in the applicant's specialty area; and (4) is certified by a national nursing organization. Certified nurse practitioners licensed by the Board on and after December 2, 1985 shall successfully complete a national certifying examination and shall maintain national professional certification in their specialty area. Certified nurse practitioners licensed by a Board prior to December 2, 1985 are not required to sit for a national certification examination or be certified by a national organization.</p>	<p>A CNM licensed in New Mexico shall hold a license that meets the New Mexico Board of nursing's requirement to practice as a registered nurse in New Mexico and shall hold current certification by ACNM or its designee. The department may deny licensure to a CNM whose midwifery or nursing license has been subject to disciplinary action in any jurisdiction. A CNM license is not transferable. A CNM license shall be valid for a maximum of two years.</p>	<p>Graduation from a program for PAs accredited by the committee on allied health education and accreditation (CAHEA) of the American Medical Association, the accreditation review committee on education for the PA (ARC-PA) or its successor agency, or passed the PA national certifying examination administered by NCCPA prior to 1986 and has proof of continuous practice with an unrestricted license as a PA in another state for four (4) years prior to application; Current NCCPA certification; Good moral and professional character; and Any other proof of competency as may be requested by the Board. [16.10.15.8 NMAC]</p>	<p>Graduation from a program for PAs approved by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or by an equivalent group which is organized sponsored or otherwise affiliated with the American Osteopathic Association. Passage of the certification examination of the National Commission on Certification of PAs (NCCPA) or any similar examination developed to test the competency of PAs by the National Board of Osteopathic Medical Examiners. Good moral and professional character. Be physically and mentally able to engage safely in essential PA health care tasks.</p>
COLLABORATIVE AGREEMENT	No requirement for advanced practice nurses to enter collaborative agreements with physicians ("as necessary collaborate with licensed medical doctors, osteopathic physicians or podiatrists.")	No requirement for advanced practice nurses to enter collaborative agreements with physicians ("the CNP collaborates as necessary with other healthcare providers.")	No requirement. "The CNM practices within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client." [NMAC 16.11.2.7]	Supervision required (see below)	Supervision required (see below)
WRITTEN ORDERS	Not addressed in statute/regulation	Not addressed in statute/regulation	Not addressed in statute/regulation	Not addressed in statute/regulation	Not addressed in statute/regulation
HISTORY AND PHYSICAL	The new CoPs expand the permissible professional categories of individuals who may perform an H&P. The new rule allows physicians, oral maxillofacial surgeons, or "other qualified individuals in accordance with state law and hospital policy" to perform H&Ps. The Guidelines interpret such "other qualified practitioners" as including nurse practitioners or physician assistants. History and Physical Examinations (H&Ps) (Final Rule: January 26, 2007) --§482.24(c)(2)	The new CoPs expand the permissible professional categories of individuals who may perform an H&P. The new rule allows physicians, oral maxillofacial surgeons, or "other qualified individuals in accordance with state law and hospital policy" to perform H&Ps. The Guidelines interpret such "other qualified practitioners" as including nurse practitioners or physician assistants. History and Physical Examinations (H&Ps) (Final Rule: January 26, 2007) --§482.24(c)(2)	The new CoPs expand the permissible professional categories of individuals who may perform an H&P. The new rule allows physicians, oral maxillofacial surgeons, or "other qualified individuals in accordance with state law and hospital policy" to perform H&Ps. The Guidelines interpret such "other qualified practitioners" as including nurse practitioners or physician assistants. History and Physical Examinations (H&Ps) (Final Rule: January 26, 2007) -- §482.24(c)(2)	The new CoPs expand the permissible professional categories of individuals who may perform an H&P. The new rule allows physicians, oral maxillofacial surgeons, or "other qualified individuals in accordance with state law and hospital policy" to perform H&Ps. The Guidelines interpret such "other qualified practitioners" as including nurse practitioners or physician assistants. History and Physical Examinations (H&Ps) (Final Rule: January 26, 2007) -- §482.24(c)(2)	The new CoPs expand the permissible professional categories of individuals who may perform an H&P. The new rule allows physicians, oral maxillofacial surgeons, or "other qualified individuals in accordance with state law and hospital policy" to perform H&Ps. The Guidelines interpret such "other qualified practitioners" as including nurse practitioners or physician assistants. History and Physical Examinations (H&Ps) (Final Rule: January 26, 2007) --§482.24(c)(2)
ORAL/VERBAL ORDERS	Not addressed in regulation In the absence of a State law specifying the timeframe for authentication of verbal orders, verbal orders need to be authenticated within 48 hours (CMS CoPs 42 CFR 482.24(c)(1)(iii)) (NM Statute states 72 hr)	Not addressed in regulation In the absence of a State law specifying the timeframe for authentication of verbal orders, verbal orders need to be authenticated within 48 hours (CMS CoPs 42 CFR 482.24(c)(1)(iii)) (NM Statute states 72 hr)	Not addressed in regulation In the absence of a State law specifying the timeframe for authentication of verbal orders, verbal orders need to be authenticated within 48 hours (CMS CoPs 42 CFR 482.24(c)(1)(iii)) (NM Statute states 72 hr)	In the absence of a State law specifying the timeframe for authentication of verbal orders, verbal orders need to be authenticated within 48 hours (CMS CoPs 42 CFR 482.24(c)(1)(iii)) (NM Statute states 72 hr)	In the absence of a State law specifying the timeframe for authentication of verbal orders, verbal orders need to be authenticated within 48 hours (CMS CoPs 42 CFR 482.24(c)(1)(iii)) (NM Statute states 72 hr)

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PRESCRIPTIVE AUTHORITY	<p>YES. If not provided during education then must complete 400 hours of work experience in which prescribing dangerous drugs has occurred within the two years prior to applying for prescriptive authority or 400 hours of prescribing in a preceptorship. In addition to the 400 hours, are required to complete a three-credit-hour pharmacology course, a three-credit-hour assessment course and a three-credit-hour pathophysiology course that are included as part of a graduate level advanced practice nursing education program. Pursuant to the controlled substances Act, A CNS who has fulfilled the requirements for prescriptive authority in the area of specialty practice is authorized to prescribe, administer and distribute therapeutic measures, including dangerous drugs and controlled substances included in Schedules II through V of the Controlled Substances Act [30-31-7 to 30-31-10 NMSA 1978] within the scope of specialty practice, including controlled substances pursuant to the Controlled Substances Act [30-31-1 NMSA 1978] that have been prepared, packaged or fabricated by a registered pharmacist or doses of drugs that have been prepackaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act [61-11-1 NMSA 1978] and the New Mexico Drug, Device and Cosmetic Act [26-1-1 NMSA 1978].</p> <p>Distributing: CNSs, who have fulfilled requirements for prescriptive authority as stated in these rules, and defined by the Board of Pharmacy may distribute to their patients dangerous drugs including controlled substances contained in Schedules II through V of the Controlled Substances Act, which have been prepared, packaged, or fabricated by the registered pharmacist or doses which have been pre-packaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act [61-11-22] and the Drug, Device and Cosmetic Act for the benefit of the public good.</p> <p>Labeling: CNSs may label only those drugs which the CNS prescribes and distributes to patients under the CNS's care. The medication shall be properly labeled with the patient's name, date of issue, drug name and strength, instructions for use, drug expiration date, number dispensed and name, address and telephone number of the CNP. Labeling may be handwritten or a pre-printed fill-in label may be used. All information shall be properly documented in the patient record. CNSs may prescribe, provide samples of and dispense any dangerous drug to a patient where there is a valid practitioner-patient relationship as defined in [16.12.2.7 NMAC].</p> <p>CNSs who have fulfilled the requirements for prescriptive authority in the area of specialty practice may prescribe in accordance with rules, regulations, guidelines and formularies based on scope of practice and clinical setting for individual clinical nurse specialists promulgated by the Board http://www.bon.state.nm.us/pdf/Statues.pdf</p> <p>It is the CNS's responsibility to maintain a formulary of dangerous drugs and controlled substances that may be prescribed. The only drugs to be included in the formulary are those relevant to the CNS's specialty practice, scope of practice and clinical setting. [16.12.2.15L(5) NMAC]</p>	<p>YES. If not provided during education then must complete 400 hours of work experience in which prescribing dangerous drugs has occurred within the two years prior to applying for prescriptive authority or 400 hours of prescribing in a preceptorship. In addition to the 400 hours, certified nurse specialists are required to complete a three-credit-hour pharmacology course, a three-credit-hour assessment course and a three-credit-hour pathophysiology course that are included as part of a graduate level advanced practice nursing education program.</p> <p>CNPs who have fulfilled requirements for prescriptive authority may prescribe in accordance with rules, regulations, guidelines and formularies for individual certified nurse practitioners promulgated by the Board. Certified nurse practitioners who have fulfilled requirements for prescriptive authority may distribute to their patients dangerous drugs and controlled substances included in Schedules II through V of the Controlled Substances Act [30-31-1 NMSA 1978], that have been prepared, packaged or fabricated by a registered pharmacist or doses of drugs that have been prepackaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act [61-11-1 NMSA 1978] and the New Mexico Drug, Device and Cosmetic Act [26-1-1 NMSA 1978].</p> <p>Distributing: CNPs, who have fulfilled requirements for prescriptive authority as stated in these rules, and defined by the Board of Pharmacy may distribute to their patients dangerous drugs including controlled substances contained in Schedules II through V of the Controlled Substances Act, which have been prepared, packaged, or fabricated by the registered pharmacist or doses which have been pre-packaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act [61-11-22] and the Drug, Device and Cosmetic Act for the benefit of the public good.</p> <p>Labeling: CNPs may label only those drugs which the CNP prescribes and distributes to patients under the CNP's care. The medication shall be properly labeled with the patient's name, date of issue, drug name and strength, instructions for use, drug expiration date, number dispensed and name, address and telephone number of the CNP. Labeling may be handwritten or a pre-printed fill-in label may be used. All information shall be properly documented in the patient record.</p> <p>CNPs may prescribe, provide samples of and dispense any dangerous drug to a patient where there is a valid practitioner-patient relationship as defined in 16.12.2.7 NMAC.</p> <p>It is the CNP's responsibility to maintain a formulary of dangerous drugs and controlled substances that may be prescribed. [16.12.2.13N (5) NMAC]</p>	<p>YES</p> <p>A CNM may independently prescribe, distribute or administer dangerous drugs and devices appropriate to a client's condition.</p> <p>A CNM who prescribes, distributes or administers a dangerous drug or device shall do so in accordance with the New Mexico Drug, Device and Cosmetic Act.</p> <p>Controlled substances are drugs contained in schedules I-V of the Controlled Substances Act (Section 30-31-1 NMSA 1978) . The criteria for being contained in any of the schedules of the Controlled Substances Act include that the drug has potential for abuse, or that the drug may lead to physical dependence or psychological dependence, or both.</p> <p>A CNM shall not prescribe nor distribute controlled substances in schedule I of the Controlled Substances Act.</p> <p>A CNM shall not prescribe, distribute or administer controlled substances in schedules II-V unless she is registered with the New Mexico Board of Pharmacy and the United States Drug Enforcement Administration to prescribe, distribute and administer controlled substances.</p> <p>A CNM who chooses to prescribe, distribute or administer controlled substances in schedules II-V of the Controlled Substances Act shall first register with the New Mexico Board of Pharmacy and the United States Drug Enforcement Administration.</p> <p>A CNM who prescribes, distributes or administers a controlled substance in schedules II-V of the Controlled Substances Act shall do so in accordance with the Controlled Substances Act. Formulary not required.</p>	<p>YES</p> <p>PAs may prescribe, administer and distribute dangerous drugs other than controlled substances in Schedule I if done under direction of a supervising physician and within parameters of a Board-approved formulary and Board guidelines. Distribution process must comply with the state laws concerning Rx packaging, labeling and record keeping.</p> <p>N.M. STAT. ANN §61-6-7. PAs may prescribe only those drugs, including Schedule II-V controlled medications, designated in the Board-approved formulary (additions or deletions may be requested by the supervising physician based upon his specialty and scope of practice) when there is an established physician- or PA-patient relationship. May telephone Rx to pharmacy. PA may prescribe on Rx pads containing physician's name, business address, phone; PA's name, title and license number. PA must clearly designate "PA" or "PA-C" on signature line. [16.10.16.8 NMAC]</p> <p>Distribution of a limited supply of medication may be delegated to PA to facilitate patient's immediate or acute medical needs. PA may distribute Schedule II-V controlled substances when there is an established physician- or PA-patient relationship. [16.10.16.9 NMAC]</p>	<p>YES</p> <p>PAs may prescribe, administer and distribute dangerous drugs other than controlled substances in Schedule I of the Controlled Substances Act pursuant to regulations adopted by the Board after consultation with the Board of Pharmacy, provided that the prescribing, administering and distributing are done under the direction of a supervising licensed physician and within the parameters of a Board-approved formulary and guidelines. PAs shall not otherwise dispense dangerous drugs or controlled substances. Medications distributed by a PA shall be restricted to patients under the direct care of the PA pursuant to assignment of duties from the supervising physician and shall be limited only to those medications included in the formulary approved by the supervising physician and pertaining to the scope of practice of the supervising physician. PAs may prescribe only those drugs, including Schedule II-V controlled medications, designated in the Board-approved formulary (additions or deletions may be requested by the supervising physician based upon his specialty and scope of practice) when there is an established physician- or PA-patient relationship. May telephone Rx to pharmacy. PA may prescribe on Rx pads containing physician's name, business address, phone; PA's name, title and license number. PA must clearly designate "PA" or "PA-C" on signature line. [16.18.7.8 NMAC]</p> <p>Distribution of a limited supply of medication may be delegated to PA to facilitate patient's immediate or acute medical needs. PA may distribute Schedule II-V controlled substances when there is an established physician- or physician assistant-patient relationship. [16.18.7.9 NMAC]</p>

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PRESCRIPTION AUTHORITY COLLABORATIVE AGREEMENT	Not required	Not required	Not required	Under direction of supervising physician	Under direction of supervising physician
ORDERS REQUIRING PHYSICIAN AUTHENTICATION	No provision	No provision	No provision	No provision	No provision. Supervising physician will review and countersign each patient chart in which PA has prescribed or distributed more than 72 hours of Schedule II drugs in 30 day period for a patient. <i>New Mexico Administrative Code, §18.7.9(A)(2)</i> *These regulations apply only to PAs licensed by the NM Board of Osteopathic Medical Examiners.
WRITTEN AGREEMENT OF SUPERVISION	NO	NO	NO	Supervision of a PA must be rendered by a registered supervising physician or alternate supervising physician and not through a third party. A. Responsibility of supervising physician. (1) Provide direction to the PA to specify what medical services should be provided under the circumstances of each case. This may be done through a written utilization plan or by other direct communications.	The supervising physician must complete and keep on file in the practice a written Plan of Supervision for each PA. [Rule PA6-95 - 3/15/95; Recompiled 12/31/01] 16.18.6.8 LIABILITY OF SUPERVISING PHYSICIAN OF A PA: All supervising physicians shall be licensed under the New Mexico Board of Osteopathic Medical Examiners Practice Act and shall be approved by the Board. Every osteopathic physician using, supervising, or employing a registered osteopathic PA shall be individually liable for the performance of the acts and omissions delegated to the osteopathic PA. Nothing herein shall be construed to relieve the osteopathic PA of any responsibility and liability for any of his own acts and omissions. 16.18.6.9 SUPERVISION AND DIRECTION OF A PA: Plan of Supervision. In order to insure the proper supervision and direction of the osteopathic PA, the PA and the supervising physician or physicians must submit the Plan of Supervision before the PA begins work. 16.18.6.10 LIMITATION ON THE NUMBER OF PAs: As provided in Section 61-10A-7 NMSA 1978 no osteopathic physician shall have more than two PAs under his or her supervision. An osteopathic physician working in a health facility providing health services to the public primarily on a free or reduced fee basis, which is funded in whole or in part out of public funds or the funds of private charitable institutions, may be allowed by the Board to supervise more than two PAs if the physician can demonstrate that the PAs will be adequately supervised. [Rule PA9-95 - 3/15/95; Recompiled 12/31/01]

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IDENTIFICATION OF COLLABORATING/SUPERVISING PHYSICIAN	GCNS only - GCNSs must practice under the direct supervision of a physician, NM CNP or CNS in the specialty.	GNP only - GNPs must practice under the direct supervision of a physician, NM CNP or CNS in the specialty.	No requirement. CNP practices within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client.	YES – Requires name of supervising physician.	YES – an osteopathic PA shall be supervised by an osteopathic physician as approved by the Board.
SEDATION	Not addressed in statute/regulation	Not addressed in statute/regulation	Not addressed in statute/regulation	Not addressed in statute/regulation	Not addressed in statute/regulation
INFORMED CONSENT	Not addressed in NMAC regulations CMS CoP: Surgical consent: Hospitals must assure that the practitioner(s) responsible for the surgery obtain informed consent from patients in a manner consistent with the hospital's policies governing the informed consent process. CMS Interpretive Guidelines §482.51(b)(2) April 13, 2007	Not addressed in NMAC regulations CMS CoP: Surgical consent: Hospitals must assure that the practitioner(s) responsible for the surgery obtain informed consent from patients in a manner consistent with the hospital's policies governing the informed consent process. CMS Interpretive Guidelines §482.51(b)(2) April 13, 2007	Not addressed in NMAC regulation CMS CoP: Surgical consent: Hospitals must assure that the practitioner(s) responsible for the surgery obtain informed consent from patients in a manner consistent with the hospital's policies governing the informed consent process. CMS Interpretive Guidelines §482.51(b)(2) April 13, 2007	"Established physician- or physician assistant-patient relationship" means a relationship between a physician or physician assistant and a patient that is for the purpose of maintaining the patient's well-being. At a minimum, this relationship is established by an interactive encounter between patient and physician or physician assistant involving an appropriate history and physical or mental status examination sufficient to make a diagnosis and to provide, prescribe or recommend treatment, with the informed consent from the patient and availability of the physician or physician assistant or coverage for the patient for appropriate follow-up care. A medical record must be generated by the encounter. [16.10.17.6 NMAC - N, 7/1/06] CMS CoP: Surgical consent: Hospitals must assure that the practitioner(s) responsible for the surgery obtain informed consent from patients in a manner consistent with the hospital's policies governing the informed consent process. CMS Interpretive Guidelines §482.51(b)(2) April 13, 2007	"Established physician- or physician assistant-patient relationship" means a relationship between a physician or physician assistant and a patient that is for the purpose of maintaining the patient's well-being. At a minimum, this relationship is established by an interactive encounter between patient and physician or physician assistant involving an appropriate history and physical or mental status examination sufficient to make a diagnosis and to provide, prescribe or recommend treatment, with the informed consent from the patient and availability of the physician or physician assistant or coverage for the patient for appropriate follow-up care. A medical record must be generated by the encounter. [16.10.17.6 NMAC - N, 7/1/06] CMS CoP: Surgical consent: Hospitals must assure that the practitioner(s) responsible for the surgery obtain informed consent from patients in a manner consistent with the hospital's policies governing the informed consent process. CMS Interpretive Guidelines §482.51(b)(2) April 13, 2007
PRONOUNCEMENT OF DEATH	UNCLEAR. New Mexico law limits pronouncement of death to a physician, certified nurse practitioner, or the Office of the Medical Investigator. [7.2.2.1 NMAC] Vital Statistics Unless there is reasonable cause to believe that the death is not due to natural causes, a registered nurse employed by a nursing home may pronounce the death of a resident of the nursing home and a registered nurse employed by a hospital may pronounce the death of a patient of the hospital. The nurse shall have access to the medical history of the case and view the deceased at or after death, and the individual who completes the medical certification shall not be required to view the deceased at or after death. The death shall be pronounced pursuant to procedures or facility protocols prescribed by the hospital for patients or by the physician who is the medical director of the nursing home for residents. The procedures or facility protocols shall ensure that the medical certification of death is completed in accordance with the provisions of Subsection C of this section.	YES. New Mexico law limits pronouncement of death to a physician, certified nurse practitioner, or the Office of the Medical Investigator. [7.2.2.1 NMAC] Vital Statistics	UNCLEAR. New Mexico law limits pronouncement of death to a physician, certified nurse practitioner, or the Office of the Medical Investigator. [7.2.2.1 NMAC] Vital Statistics CNMs are not CNPs legally in NM, but could qualify as RN with training (see CNS).	NO The medical certification shall be completed and signed within forty-eight hours after death by the physician or nurse practitioner in charge of the patient's care for the illness or condition that resulted in death. § 24-14-20. Death registration	NO The medical certification shall be completed and signed within forty-eight hours after death by the physician or nurse practitioner in charge of the patient's care for the illness or condition that resulted in death. § 24-14-20. Death registration
COMPLETION OF DEATH CERTIFICATE	Not addressed in statute/regulation	Not addressed in statute/regulation	Not addressed in statute/regulation	Not addressed in statute/regulation	Not addressed in statute/regulation

NEW MEXICO ADVANCED PRACTICE PROFESSIONALS MATRIX

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