ADVANCED PRACTICE PROFESSIONALS MATRIX

Revised June 2015

This document is offered as a summary and not legal advice. Please seek advice from your attorney if you plan to change bylaws or policies.

AT A GLANCE:

ADVANCED PRACTICE REGISTERED NURSE, CERTIFIED NURSE MIDWIFE, CERTIFIED REGISTERED NURSE ANESTHETIST AND PHYSICIAN ASSISTANT PRACTICE IN THE HOSPITAL SETTING IN NEW MEXICO

HEALTHCARE PRACTITIONER	Clinical Nurse Specialist	Certified Nurse Practitioner	Certified Nurse Midwife	Certified Registered Nurse Anesthetist	Physician Assistant (PA) with supervising MD	Physician Assistant (PA) with supervising DO
Practice Act	√	√	√	√	√	√
Continuing Education Requirement	√	√	√	√	√	√
Collaborative Agreement Requirement					√	√
Written Agreement Requirement						√
Permitted to Write 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
Permitted to Issue Verbal 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
Requirement for Countersignature of Documentation						√*
Prescriptive Authority	√	√	√	√	√	√
Pronouncement of Death	Unclear	√	Unclear	Unclear		
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
NO Medicare Requirement of medical necessity by physician for inpatient stays < 20 days	**§424.13 Requirements for inpatient services of hospitals other than inpatient psychiatric facilities (**http://www.ecfr.gov/cgi-bin/text-idx?SID=dc885b5cb868d33231f327e89efeee60&mc=true&node=se42.3.424_113&rgn=div8) The Medicare rules requiring physicians to sign admission orders for all hospital inpatient admissions have been revised so that certification by a physician is required only in the case of inpatient stays of 20 days or more. As a result, various types of Licensed Independent Practitioners (LIPs), including CNMs can (provided that hospital bylaws allow, order admissions. For LIPs with admitting privileges per hospital bylaws and in compliance with applicable state law, there is no longer a legal basis for requiring the medical necessity of these admissions to be certified by a physician. http://www.midwife.org/acnm/files/ccLibraryFiles/Filename/000000004822/CY2015HOPPSIssueBrief.pdf					

Legend:
√ Indicates that the health care practitioner has the identified competency or is permitted to perform the health care service by New Mexico's law or regulation
* Requirement related to Schedule II drugs only

DEFINITIONS

Advanced Practice Registered Nurse (APRN) (https://www.ncsbn.org/APRN_Brochure_June2012.pdf)
APRNs have advanced education, knowledge and skills to care for a specific population of patients, including adults, families, children and infants in one of four APRN roles: certified registered nurse anesthetist (CRNA); certified nurse-midwife (CNM); clinical nurse specialist (CNS); or certified nurse practitioner (CNP). Boards of nursing (BONs) in each state license and regulate the practice of APRNs (in NM, CNMs are regulated by the NM Dept of Health).

Clinical Nurse Specialist (CNS)
A clinical nurse specialist is an advanced practice nurse with a graduate-level degree in nursing and competence in a specialized area of nursing, such as gerontology, pediatrics, or psychiatric nursing. Functions of the clinical nurse specialist include providing direct patient care, teaching patients and their families, guiding and planning care with other personnel, and conducting research. These skills are made directly available through the provision of nursing care to clients and indirectly available through guidance and planning of care with other nursing personnel. Clinical nurse specialists hold a master's degree in nursing, preferably with an emphasis in a specific clinical area of nursing.

Certified Nurse Practitioner (CNP)
Nurse practitioners are licensed, independent practitioners, with or without prescriptive authority, who provide primary and/or specialty nursing and medical care in ambulatory, acute and long-term care settings. They are registered nurses with specialized, advanced education and clinical competency to provide health and medical care for diverse populations in a variety of primary care, acute and long-term care settings. Master's, post-master's or doctoral preparation is required for entry-level practice.

Certified Nurse Midwife (CNM)
CNMs are licensed, independent health care providers with prescriptive authority. CNMs are nurses first, and complete additional training to become midwives. This Matrix references Certified Nurse Midwives only.
There are also Certified Midwives (CM) and Certified Professional Midwives (CPM) who have different education/degree requirements. See:
http://www.midwife.org/ACNM/files/ccLibraryFiles/Filename/000000001385/CNM%20CM%20CPM%20ComparisonChart%20082511.pdf

Certified Registered Nurse Anesthetist (CRNA)
CRNAs are anesthesia professionals who administer anesthesia in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified healthcare professionals. When anesthesia is administered by a nurse anesthetist, it is recognized as the practice of nursing; when administered by an anesthesiologist, it is recognized as the practice of medicine.

Physician Assistant (PA)
PAs are medical professionals who work as part of a team with a physician. Most PA programs are 3 academic years and require the same pre-requisite courses as medical schools. Most programs also require students to have healthcare training or experience prior to entering an accredited PA program. Before they can practice, PAs who graduate from an accredited program must pass the Physician Assistant Certifying Exam (PANCE) and become licensed by the state in they intend to practice. The "PA-C" after a PA's names means they are currently certified to practice medicine.

Licensed Independent Practitioner (LIP)
The term LIP is increasingly used to refer to practitioners who are permitted by law and by the organization to provide care and services, without direction or supervision, within the scope of the practitioner's license and consistent with individually assigned clinical responsibilities.
(Joint Commission Perspectives).

New Mexico Hospital Association

NEW MEXICO ADVANCED PRACTICE PROFESSIONALS MATRIX

	CLINICAL NURSE SPECIALISTS	CERTIFIED NURSE PRACTITIONERS	CERTIFIED NURSE MIDWIVES	CERTIFIED REGISTERED NURSE ANESTHETISTS
REGULATION STATUS	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 Boardofnursing@state.nm.us New Mexico Board of Nursing 505-841-9083 http://www.bon.state.nm.us/	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 Boardofnursing@state.nm.us New Mexico Board of Nursing 505-841-9083 http://www.bon.state.nm.us/	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/ Public Health Division of the Department of Health 505-476-8908 www.health.state.nm.us NOTE: CNMs are not licensed as Advanced Practice Nurses in NM, but are licensed/regulated under Public Health Act	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 Boardofnursing@state.nm.us New Mexico Board of Nursing 505-841-9083 http://www.bon.state.nm.us/
SCOPE OF PRACTICE	Clinical nurse specialists practice: The CNS is a nurse who through graduate level preparation has become an expert in a defined area of knowledge and practice in a selected clinical area of nursing. The CNS makes independent decisions in a specialized area of nursing practice, using knowledge about the health care needs of the individual, family and community. The CNS collaborates as necessary with other members of the health care team, when the needs are beyond the scope of practice of the CNS. The CNS may assume specific functions or perform specific procedures which are beyond the advanced educational preparation and certification for the CNS provided the knowledge and skills required to perform the function or procedure emanates from a recognized body of knowledge or advanced practice of nursing and the function or procedure is not prohibited by any law or statute. When assuming specific functions or performing specific procedures, which are beyond the CNS's advanced educational preparation and certification, the CNS is responsible for obtaining the appropriate knowledge, skills and supervision to assure he/she can perform the function/procedure safely and competently and recognize and respond to any complications that may arise. Carries out therapeutic regimens in the area of the specialty. [16.12.2.15 L] *http://164.64.110.239/nmac/parts/title16/16.012.0002.htm*	Certified nurse practitioners may: (1) perform an advanced practice that is beyond the scope of practice of professional registered nursing; (2) practice independently and make decisions regarding health care needs 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. **"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]	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.	The CRNA provides pre-operative, intra-operative and post-operative anesthesia care and related services, including ordering of diagnostic tests, in accordance with current *American Association of Nurse Anesthetists*' guidelines for nurse anesthesia practice. The CRNA provides pre-operative, intra-operative and post-operative anesthesia care and related services, including ordering of diagnostic tests, in accordance with the current *American association of nur*se anesthetists' guidelines for nurse anesthesia practice. The CRNA makes independent decisions regarding the health care needs of the client and also makes independent decision in carrying out health care regimes. The CRNA may assume specific functions or perform specific procedures which are beyond the advanced educational preparation and certification for the CRNA provided the knowledge and skills required to perform the function or procedure emanates from a recognized body of knowledge or advanced practice of nursing and the function or procedure is not prohibited by any law or statute. When assuming specific functions or performing specific procedures, which are beyond the CRNA's advanced educational preparation and certification, the CRNA is responsible for obtaining the appropriate knowledge, skills and supervision to ensure he/she can perform the function/procedure safely and competently and recognize and respond to any complications that may arise. The CRNA collaborates as necessary with the licensed physician, osteopathic physician, dentist or podiatrist concerning the anesthesia care of the patient. Collaboration means the process in which each health care provider contributes his/her respective expertise. Collaboration includes systematic formal planning and evaluation between the health care professionals involved in the collaborative practice arrangement [16.12.2.14 M] CRNAs who do not plan to prescribe controlled substances but do plan to prescribe dangerous drugs must meet the requirements relative to prescriptive authority except those specifically required for controlled substances. [16.12.2.14 NMAC]

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	NEW: Senate Bill 299 was passed in 2015 NM legislative session; amending several sections of law to include the words "advanced practice registered nurse, certified nurse-midwife or physician assistant working with that person's scope of practice" to existing sections that currently just have the word "physician"; and expand certain provisions of the Uniform Health-care Decisions Act to include non-physician primary care practitioners; and require state agencies and political subdivisions to update their rules to include these health care practitioners where appropriate (e.g. for certificates stating a person is free from a communicable disease, for pre-employment physicals, attesting to permanent significant mobility limitation). *http://www.nmlegis.gov/lcs/legislation.aspx?Chamber=S&LegType=B&LegNo=299&year=15.* *H.R.2, the Medicare Access and CHIP Reauthorization Act of 2015 was passed in April 2015. It expands who can document the face-to-face encounter required for Medicare durable medical equipment prescriptions to include advanced practice registered nurses (APRNs) and physician assistants, as allowed by state law https://www.congress.gov/114/bills/hr2/BILLS-114hr2ih.pdf.*			
CONTINUING EDUCATION REQUIREMENTS	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 Any health care provider with a DEA registration and licensure that permits prescribing opioids, shall obtain continuing education on the management of non-cancer pain. These practitioners shall be required to obtain five CE of the 15 CE currently required every two years in pharmacology to include a review of these rules (16.12.9 NMAC) for management of non-cancer pain, an understanding of the pharmacology and risks of controlled substances, a basic awareness of the problems of abuse, addiction and diversion, and awareness of state and federal regulations for the prescription of controlled substances. [16.12.9.10 NMAC - N, 11-20-12]	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 Any health care provider with a DEA registration and licensure that permits prescribing opioids, shall obtain continuing education on the management of non-cancer pain. These practitioners shall be required to obtain five CE of the 15 CE currently required every two years in pharmacology to include a review of these rules (16.12.9 NMAC) for management of non-cancer pain, an understanding of the pharmacology and risks of controlled substances, a basic awareness of the problems of abuse, addiction and diversion, and awareness of state and federal regulations for the prescription of controlled substances. [16.12.9.10 NMAC - N, 11-20-12]	**3**0 contact hours of continuing education total are required during each renewal period. 15 contact hours of PHARMACOLOGY *RELATED* education are required during each renewal period. Any health care provider with a DEA registration and licensure that permits prescribing opioids, shall obtain continuing education on the management of non-cancer pain. These practitioners shall be required to obtain five CE of the 15 CE currently required every two years in pharmacology to include a review of these rules (16.12.9 NMAC) for management of non-cancer pain, an understanding of the pharmacology and risks of controlled substances, a basic awareness of the problems of abuse, addiction and diversion, and awareness of state and federal regulations for the prescription of controlled substances. [16.12.9.10 NMAC - N, 11-20-12]	CE requirements must be met at the time of first renewal. Recertification by NBCRNA will meet the mandatory CE requirements for CRNA licensure. "Documentation of completion of 40 hours of approved continuing education, as set forth in the Continuing Education Program of the AANA, within the two-year period prior to the applicant's upcoming August 1 recertification date." (http://www.nbcrna.com) CRNAs with DEA registration and licensure that permits prescribing opioids shall obtain five contact hours to include the management of non cancer pain. Continuing education is not required for initial CRNA licensure by endorsement. *Any health care provider with a DEA registration and licensure that permits prescribing opioids, shall obtain continuing education on the management of non-cancer pain. These practitioners shall be required to obtain five CE of the 15 CE currently required every two years in pharmacology to include a review of these rules (16.12.9 NMAC) for management of non-cancer pain, an understanding of the pharmacology and risks of controlled substances, a basic awareness of the problems of abuse, addiction and diversion, and awareness of state and federal regulations for the prescription of controlled substances. [16.12.9.10 NMAC - N, 11-20-12]*

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LICENSURE & CERTIFICATION	**61-3-23.4. Clinical nurse specialist** 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.	**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.	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.	**16.12.2.14 Advanced Practice Registered Nurse (APRN) Certified Registered Nurse Anesthetist (CRNA)** (1) A CRNA must hold a current, unencumbered RN license from New Mexico or hold a compact multi-state RN license; (2) successfully complete a formal program designed for the education and preparation of certified registered nurse anesthetist. The COA *council on accreditation of nurse anesthesia educational programs* must accredit the program. **(3)** If the applicant is initially licensed by any board of nursing including the New Mexico board of nursing after January 1, 2001, the program must be at the master's level or higher. Applicants who do not hold a master's or higher degree from a nurse anesthetist program and were initially licensed by any board before January 2, 2001, must provide verification of CRNA licensure. **(4)** Provide evidence of successful completion of a national certification examination as described by the NBCRNA. **(5)** It is the responsibility of the applicant to provide documented evidence of his/her qualification for licensure.
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]	No requirement. The CRNA collaborates as necessary with the licensed physician, osteopathic physician, dentist or podiatrist concerning the anesthesia care of the patient. Collaboration means the process in which each health care provider contributes his/her respective expertise. Collaboration includes systematic formal planning and evaluation between the health care professionals involved in the collaborative practice arrangement.
WRITTEN ORDERS	Not addressed in statute/regulation; should be consistent with hospital privileges and medical staff bylaws if applicable.	Not addressed in statute/regulation; should be consistent with hospital privileges and medical staff bylaws if applicable.	Not addressed in statute/regulation; should be consistent with hospital privileges and medical staff bylaws if applicable.	Not addressed in statute/regulation; should be consistent with hospital privileges and medical staff bylaws if applicable.
HISTORY AND PHYSICAL	The 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 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 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 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)

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ORAL/ VERBAL ORDERS	Not addressed in statute/regulation; should be consistent with hospital privileges CMS has eliminated the requirement for authentication of verbal orders within 48-hrs and has deferred to applicable State law to establish authentication time frames. (NM Statute states 72 hr) Authentication of Orders: CMS made permanent the previous temporary requirement that all orders, including verbal orders, must be dated, timed, and authenticated by either the ordering practitioner or another practitioner who is responsible for the care of the patient and who is authorized to write orders by hospital policy in accordance with State law. (CMS CoPs Final Rule 42 CFR Parts 482 and 485 [FR Doc. 2012-11548 Filed 05/10/2012 at 9:15 am; Publication Date: 05/16/2012].			
PRESCRIPTIVE AUTHORITY	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]. PMP Requirements: A health care provider who holds a federal DEA registration and licensure to prescribe opioids shall register with the board of pharmacy to become a regular participant in PMP inquiry and reporting. [NMAC 16.12.9.9]	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. 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]. PMP Requirements: A health care provider who holds a federal DEA registration and licensure to prescribe opioids shall register with the board of pharmacy to become a regular participant in PMP inquiry and reporting. [NMAC 16.12.9.9]	YES. A CNM may independently prescribe, distribute or administer dangerous drugs and devices appropriate to a client's condition. 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. 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. A CNM shall not prescribe nor distribute controlled substances in schedule I of the Controlled Substances Act. A CNM shall not prescribe, distribute or administer controlled substances in schedules II-V unless s/he is registered with the New Mexico Board of Pharmacy and the United States Drug Enforcement Administration to prescribe, distribute and administer controlled substances. 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. PMP Requirements: A health care provider who holds a federal DEA registration and licensure to prescribe opioids shall register with the board of pharmacy to become a regular participant in PMP inquiry and reporting. [NMAC 16.12.9.9]	YES (16.12.2.14(M)(5)(a)) Applicants who will be requesting prescriptive authority must also comply with the requirements for prescriptive authority as outlined in these rules. CRNAs that have fulfilled requirements for prescriptive authority may prescribe and administer therapeutic measures, including dangerous drugs and controlled substances included in Schedules II through V of the Controlled Substances Act within the specialty of anesthesia and practice setting. Requirements for prescriptive authority: in accordance with applicable state and federal laws, the CRNA who fulfills the following requirements may prescribe and administer dangerous drugs including controlled substances included in Schedules II through V of the Controlled Substance Act. -Verifies 400 hours of work experience in which prescribing and administering dangerous drugs has occurred within the two (2) years immediately preceding the date of the application. Individuals who have not fulfilled this requirement must provide documentation of successful completion of 400 hours of prescribing dangerous drugs in a preceptorship with a CRNA or physician. The preceptorship must be completed within six (6) months and a letter of authorization will be issued for the duration of the preceptorship. -In order to prescribe controlled substances, the CRNA must provide the board of nursing with verification of current state controlled substances registration and current DEA number, unless the CRNA has met registration waiver criteria from the New Mexico board of pharmacy (Subsection I of 16.19.20.8 NMAC). PMP Requirements: A health care provider who holds a federal DEA registration and licensure to prescribe opioids shall register with the board of pharmacy to become a regular participant in PMP inquiry and reporting. [NMAC 16.12.9.9

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PRESCRIPTIVE AUTHORITY (CONT.)	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. 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]. 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://nmbon.sks.com/uploads/files/NPA.pdf 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].	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. 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. 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. 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)(b) NMAC]	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.	CRNAs may not possess or prescribe controlled substances until they have both a current state controlled substances registration and a current DEA registration. -Once prescriptive authority requirements are met, the board will notify the board of pharmacy of completion of prescriptive authority requirements. -Formulary: the formulary will include agents related to the administration of anesthesia and ACLS protocol agents. -All CRNAs must adhere to the current formulary approved by the board of nursing. -The initial formulary or a formulary with changes will be submitted to the medical board for a review. Prescription records: written, verbal or electronic prescriptions and order will comply with state board of pharmacy and federal requirements. All prescriptions will include the name, title, address and phone number of the prescribing advanced practice registered nurse. Prescribing and administering: CRNAs who have fulfilled requirements for prescriptive authority as stated in these rules as defined by the board of pharmacy may prescribe and administer 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 a registered pharmacist or doses or drugs that have been prepackaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act [61-11-22] and the New Mexico Drug, Device and Cosmetic Act for the benefit of the public good. Distributing: CRNAs who have fulfilled requirements for prescriptive authority as stated in these rules may NOT distribute to their patients dangerous drugs including controlled substances contained in Schedules II through V of the Controlled Substances Act.

New Mexico Hospital Association

NEW MEXICO ADVANCED PRACTICE PROFESSIONALS MATRIX

	CLINICAL NURSE SPECIALISTS	CERTIFIED NURSE PRACTITIONERS	CERTIFIED NURSE MIDWIVES	CERTIFIED REGISTERED NURSE ANESTHETISTS
PX AUTHORITY COLLABORATIVE AGREEMENT	Not required	Not required	Not required	Not required
ORDERS REQUIRING PHYSICIAN AUTHENTICATION	No provision	No provision	No provision	No provision
WRITTEN AGREEMENT OF SUPERVISION	NO	NO	NO	NO
IDENTIFICATION OF COLLABORATING/ SUPERVISING PHYSICIAN	**GCNS only -** GCNs practice under the direct supervision of another CNS CNP or physician in the specialty.	**GNP only - G**NPs practice under the direct supervision of a physician, NM CNP or CNS in the specialty.	No requirement. CNM practices within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client.	GRNAs only GRNAs must function in an interdependent role as a member of a health care team and practice at the direction of and in collaboration with a physician, osteopathic physician, dentist or podiatrist. GRNAs may prescribe and administer medications only in collaboration with a physician, osteopathic physician, dentist or podiatrist in compliance with these rules.
SEDATION	Not addressed in statute/regulation	Not addressed in statute/regulation	Not addressed in statute/regulation	Not addressed in statute/regulation (see Scope of Practice)

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	CLINICAL NURSE SPECIALISTS	CERTIFIED NURSE PRACTITIONERS	CERTIFIED NURSE MIDWIVES	CERTIFIED REGISTERED NURSE ANESTHETISTS
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. See guidelines for §482.13(b)(2) under Patients' Rights and the guidelines for §482.24(c)(2)(v) under Medical Records to understand all requirements related to informed consent. 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. See guidelines for §482.13(b)(2) under Patients' Rights and the guidelines for §482.24(c)(2)(v) under Medical Records to understand all requirements related to informed consent. 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. See guidelines for §482.13(b)(2) under Patients' Rights and the guidelines for §482.24(c)(2)(v) under Medical Records to understand all requirements related to informed consent. 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. There is no specific requirement for informed consent within the regulation at §482.52 governing anesthesia services. However, given that surgical procedures generally entail use of anesthesia, hospitals may wish to consider specifically extending their informed consent policies to include obtaining informed consent for the anesthesia component of the surgical procedure. See guidelines for §482.13(b)(2) under Patients' Rights and the guidelines for §482.24(c)(2)(v) under Medical Records to understand all requirements related to informed consent. 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. If a fetal death occurs with a midwife in attendance, the office of the medical investigator must be notified or a physician or CNP must pronounce death since 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).	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.
COMPLETION OF DEATH CERTIFICATE	Not addressed in statute/regulation	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, except when inquiry is required by law http://statutes.laws.com/new-mexico/chapter-24/article-14/section-24-14-20	Not addressed in statute/regulation	Not addressed in statute/regulation

	PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS WITH SUPERVISING D.O.
REGULATION STATUS	**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 nbme@state.nm.us New Mexico Medical Board 505-476-7220 http://www.nmmb.state.**nm**.us/	**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 Osteopathic Examiners Board 505-476-4695 http://www.rld.state.nm.us/
SCOPE OF PRACTICE	Unless otherwise provided by law, physician assistants may provide medical services delegated to them by the supervising physician when such services are within the physician assistant's skills, and form a usual component of the physician's scope of practice .A physician assistant 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:** Practice limitations are determined by the supervising physician's specialty and practice setting in addition to the physician assistant's education and training. [16.10.15.14 NMAC - Rp, 16.10.15.14 NMAC, 1/30/15]	**T**he 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.
	NEW: Senate Bill 299 was passed in 2015 NM legislative session; amending several sections of law to include the words "advanced practice registered nurse, certified nurse-midwife or physician assistant working within that person's scope of practice" to existing sections that currently just have the word "physician"; and expand certain provisions of the Uniform Health-care Decisions Act to include non-physician primary care practitioners; and require state agencies and political subdivisions to update their rules to include these health care practitioners where appropriate (e.g. for certificates stating a person is free from a communicable disease, for pre-employment physicals, attesting to permanent significant mobility limitation). *http://www.nmlegis.gov/lcs/legislation.aspx?Chamber=S&LegType=B&LegNo=299&year=15*	
CONTINUING EDUCATION REQUIREMENTS	100 hours of continuing education for PAs required every two years. Current NCCPA certification required for bi-annual renewal. Any health care provider with a DEA registration and licensure that permits prescribing opioids, shall obtain continuing education on the management of non-cancer pain. These practitioners shall be required to obtain five CE of the 15 CE currently required every two years in pharmacology to include a review of these rules (16.12.9 NMAC) for management of non-cancer pain, an understanding of the pharmacology and risks of controlled substances, a basic awareness of the problems of abuse, addiction and diversion, and awareness of state and federal regulations for the prescription of controlled substances. [16.12.9.10 NMAC - N, 11-20-12]	100 hours of continuing education required for PAs every two years. Current NCCPA certification required for bi-annual renewal. Any health care provider with a DEA registration and licensure that permits prescribing opioids, shall obtain continuing education on the management of non-cancer pain. These practitioners shall be required to obtain five CE of the 15 CE currently required every two years in pharmacology to include a review of these rules (16.12.9 NMAC) for management of non-cancer pain, an understanding of the pharmacology and risks of controlled substances, a basic awareness of the problems of abuse, addiction and diversion, and awareness of state and federal regulations for the prescription of controlled substances. [16.12.9.10 NMAC - N, 11-20-12]
	There is currently a transition phase going from a 6 year to a 10 year certification period and there will be PAs in both categories with the following requirements: **For PAs on a 6 year cycle:** - Every 2 yrs (yrs 2, 4, 6) all certified PAs must log their 100 CME credits online. Of the 100 CME credits at least 50 must be category 1 CME. The remaining 50 credits can be category 1, category 2, or a combination. **For PAs on the new 10 year cycle(started in 2014):** - The 10 year certification maintenance process includes 5 two year cycles during which all certified PAs must log 100 CME credits. During each 2 year cycle the PA must earn 100 CME credits including 50 category 1 CME credits with 20 of the 50 category 1 credits being earned through the self-assessment CME and/or performance improvement CME (PI-CME). By the end of the first 4 two year CME cycles, the PA must have earned a total of at least 40 category 1 CME credits through PI activities and 40 category 1 CME credits through SA activities. The remaining 50 credits can be category 1, 2, or a combination.	
LICENSURE & CERTIFICATION	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]	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.
COLLAB-ORATIVE AGREE MENT	Supervision required (see below)	Supervision required (see below)

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NEW MEXICO ADVANCED PRACTICE PROFESSIONALS MATRIX

	PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS WITH SUPERVISING D.O.
WRITTEN ORDERS	Not addressed in statute/regulation; should be consistent with hospital privileges	Not addressed in statute/regulation; should be consistent with hospital privileges
HISTORY AND PHYSICAL	The 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 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	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)
PRESCRIPTIVE AUTHORITY	YES 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. 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] 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]	YES 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] 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].
PX AUTHORITY COLLAB-ORATIVE AGREEMENT	Under direction of supervising physician	Under direction of supervising physician
ORDERS REQUIRING PHYSICIAN AUTHENTIC ATION	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. *New Mexico Administrative Code, §18.7.9(A) (2)* *These regulations apply only to PAs licensed by the NM Board of Osteopathic Medical Examiners.

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NEW MEXICO ADVANCED PRACTICE PROFESSIONALS MATRIX

	PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS WITH SUPERVISING D.O.
WRITTEN AGREEMENT OF SUPERVISION	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]
IDENTIFICA-TION OF COLLABORAT ING/ SUPERVISING PHYSICIAN	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
INFORMED CONSENT	"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
PRO-NOUNCE-MENT OF DEATH	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
COMPLE-TION OF DEATH CERTIF-ICATE	Not addressed in statute/regulation	Not addressed in statute/regulation

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Note on Definition of Medical Staff per CMS Conditions of Participation

Guidance for Hospitals, Critical Access Hospitals (CAHs) and Ambulatory Surgical Centers (ASCs) Related to Various Rules Reducing Provider/Supplier Burden CMS Update March 13, 2013 Survey and Cert Letter, reference **Ref: S&C: 13-20-Acute Care**

> **Non-physician members:** The revised regulation clarifies that hospitals have the flexibility, consistent with state scope of practice laws, to include non-physician practitioners on the medical staff in addition to physician practitioners. According to the final rule preamble, all practitioners granted privileges must be members of the medical staff. Since adoption of the final rule concerns were raised by various stakeholders that the revised regulation may conflict with state law requirements that limit medical staff membership to physicians. CMS is further exploring this issue and will issue revised guidance at a later time. Therefore, surveyors should not interpret on their own the requirement concerning medical staff membership versus privileges.

Substantive Changes to Advanced Practice Professionals Matrix from 2013 to 2015 edition

1. Definition addition Licensed Independent Practitioner (LIP)

The term LIP is increasingly used to refer to practitioners who are permitted by law and by the organization to provide care and services, without direction or supervision, within the scope of the practitioner's license and consistent with individually assigned clinical responsibilities.
(Joint Commission Perspectives 2005).

2. No Medicare requirements for medical necessity by physician for inpatient stay < 20 days

The Medicare rules requiring physicians to sign admission orders for all hospital inpatient admissions have been revised so that certification by a physician is required only in the case of inpatient stays of 20 days or more. As a result, various types of Licensed Independent Practitioners (LIPs), including CNMs can (provided that hospital bylaws allow, order admissions. For LIPs with admitting privileges per hospital bylaws and in compliance with applicable state law, there is no longer a legal basis for requiring the medical necessity of these admissions to be certified by a physician.
http://www.midwife.org/acnm/files/ccLibraryFiles/Filename/000000004822/CY2015HOPPSIssueBrief.pdf
§424.13 Requirements for inpatient services of hospitals other than inpatient psychiatric facilities http://www.ecfr.gov/cgi-bin/text-idx?SID=dc885b5cb868d33231f327e89efeee60&mc=true&node=se42.3.424_113&rgn=div8.

3. Scope of Practice

Senate Bill 299 was passed in 2015 NM legislative session; amending several sections of law to include the words *"advanced practice registered nurse, certified nurse-midwife or physician assistant working within that person's scope of practice"* to existing sections that currently just have the word "physician"; and expand certain provisions of the Uniform Health-care Decisions Act to include non-physician primary care practitioners; and require state agencies and political subdivisions to update their rules to include these health care practitioners where appropriate (e.g. for certificates stating a person is free from a communicable disease, for pre-employment physicals, attesting to permanent significant mobility limitation).
http://www.nmlegis.gov/lcs/legislation.aspx?chamber=S&legtype=B&legno= 299&year=15

4. Prescription Monitoring Program Requirement

Health care providers who hold a federal DEA registration and licensure to prescribe opioids shall register with the board of pharmacy to become a regular participant in PMP inquiry and reporting. [NMAC 16.12.9.9]
Any health care provider with a DEA registration and licensure that permits prescribing opioids, shall obtain continuing education on the management of non-cancer pain. These practitioners shall be required to obtain five CE of the 15 CE currently required every two years in pharmacology to include a review of these rules (16.12.9 NMAC) for management of non-cancer pain, an understanding of the pharmacology and risks of controlled substances, a basic awareness of the problems of abuse, addiction and diversion, and awareness of state and federal regulations for the prescription of controlled substances.
[16.12.9.10 NMAC - N, 11-20-12]