

NEW MEXICO
BOARD
OF
OSTEOPATHIC MEDICAL EXAMINERS



RULES and STATUTES
2016

P. o Box 25101
Santa Fe, New Mexico 87504
505.476.4622 fax-505.476.4665



NEW MEXICO BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

**New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION**

Toney Anaya Building ▪ PO Box 25101 ▪ Santa Fe, New Mexico 87505
(505) 476-4622 ▪ Fax (505) 476-4665 ▪ www.RLD.state.nm.us/boards

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TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 17 OSTEOPATHIC MEDICINE AND SURGERY PRACTITIONERS
PART 1 GENERAL PROVISIONS

16.17.1.1 ISSUING AGENCY: Regulation and Licensing Department - NM Board of Osteopathic Medical Examiners.
[16.17.1.1 NMAC - N, 10-29-2004]

16.17.1.2 SCOPE: All licensed osteopathic physicians.
[16.17.1.2 NMAC - N, 10-29-2004]

16.17.1.3 STATUTORY AUTHORITY: These rules of practice and procedure govern the practice of osteopathic medicine in New Mexico and are promulgated pursuant to and in accordance with the Osteopathic Physician Practice Act, Sections 61-10-1 through 61-10-23 NMSA 1978
[16.17.1.3 NMAC - N, 10-29-2004]

16.17.1.4 DURATION: Permanent.
[16.17.1.4 NMAC - N, 10-29-2004]

16.17.1.5 EFFECTIVE DATE: October 29, 2004, unless a later date is cited at the end of a section.
[16.17.1.5 NMAC - N, 10-29-2004]

16.17.1.6 OBJECTIVE: To establish qualifications for licensure, change of address, and administrative fees.
[16.17.1.6 NMAC - N, 10-29-2004]

16.17.1.7 DEFINITIONS: "AOA" means the American osteopathic association.
[16.17.1.7 NMAC - N, 10-29-2004]

16.17.1.8 QUALIFICATIONS FOR LICENSURE: All applicants for licensure as a physician of osteopathic medicine:

- A.** shall be a graduate of an AOA approved medical school of osteopathic medicine and surgery;
- B.** shall have completed one year AOA accredited internship program;
- C.** shall be of the age of majority;
- D.** shall be of good moral character;
- E.** shall not have been convicted of a felony;
- F.** shall not have committed or been engaged in any of the activities listed in Section 61-10-15 NMSA 1978;
- G.** shall submit an application and examination fee as determined by the board.

[16.17.1.8 NMAC - Rp, Rule 1, 10-29-2004]

16.17.1.9 CHANGE OF ADDRESS: All physicians and physician assistants who change either their office or home address must notify the board of the change within thirty (30) days.
[16.17.1.9 NMAC - Rp, Rule 9, 10-29-2004]

16.17.1.10 OSTEOPATHIC FEES

- A. Licensure Fees:**
- | | | |
|-----|------------------------------|----------|
| (1) | Application for licensure | \$400.00 |
| (2) | Interim license (temporary) | \$100.00 |
| (3) | Reinstatement of license | \$500.00 |
| (4) | Renewal | \$200.00 |
| (5) | Late renewal monthly penalty | \$100.00 |
- B. Miscellaneous fees:** Miscellaneous fees listed below shall be approved annually by the board and may be obtained from the board office.
- (1) Written license verifications
 - (2) List of licensees

- (3) Duplicate original license
- (4) Duplicate renewal certificate
- (5) Photocopying for records held in the board office
- (6) Statutes, rules and regulations

[16.17.1.10 NMAC - Rp, Rule 12, 10-29-2004]

HISTORY OF 16.17.1 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the state records center and archives under:

BOSE 69-1, Practice Guide For Osteopathic Physicians and Surgeons in New Mexico, filed 06-05-69;

Rule 1, Qualifications For Licensure, filed 12-07-88;

Rule 9, Change of Address, filed 12-07-88;

Rule 12, Osteopathic Fees, filed 09-22-89.

History of Repealed Material: Rule 1, Qualifications For Licensure (filed 12-07-88); Rule 9, Change of Address (filed 12-07-88); Rule 12, Osteopathic Fees (filed 09-22-89) all repealed 10-29-2004.

Other History:

Rule 1, Qualifications for Licensure (filed 12-07-1988); Rule 9, Change of Address (filed 12-07-1988); and Rule 12, Osteopathic Fees (filed 9-22-1989) all replaced by 16.17.1 NMAC, General Provisions, effective 10-29-2004.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 17 OSTEOPATHIC MEDICINE AND SURGERY PRACTITIONERS
PART 2 APPLICATION FOR LICENSURE

16.17.2.1 ISSUING AGENCY: Regulation and Licensing Department - NM Board of Osteopathic Medical Examiners.
[16.17.2.1 NMAC - N, 10-29-2004]

16.17.2.2 SCOPE: This part applies all osteopathic physicians applying for licensure.
[16.17.2.2 NMAC - N, 10-29-2004]

16.17.2.3 STATUTORY AUTHORITY: These rules of practice and procedure govern the practice of osteopathic medicine in New Mexico and are promulgated pursuant to and in accordance with the Osteopathic Physician Practice Act, Sections 61-10-1 through 61-10-23 NMSA 1978.
[16.17.2.3 NMAC - N, 10-29-2004]

16.17.2.4 DURATION: Permanent.
[16.17.2.4 NMAC - N, 10-29-2004]

16.17.2.5 EFFECTIVE DATE: October 29, 2004, unless a later date is cited at the end of a section.
[16.17.2.5 NMAC - N, 10-29-2004]

16.17.2.6 OBJECTIVE: To establish the procedures and outline the documents and information necessary to complete the application process for licensure.
[16.17.2.6 NMAC - N, 10-29-2004]

16.17.2.7 DEFINITIONS:

- A.** "FLEX" means federation licensing examination.
- B.** "NBOE" means national board osteopathic examination.
- C.** "COMLEX" means composite osteopathic medical licensing examination.
- D.** "USMLE" means United States medical licensing examination.

[16.17.2.7 NMAC - N, 10-29-2004]

16.17.2.8 APPLICATION FOR LICENSURE:

- A. Application:** All persons seeking licensure shall submit application on forms provided by the board. All application forms must be verified under oath and shall contain but shall not be limited to the following information and documents:
 - (1) full legal name;
 - (2) present mailing address;
 - (3) date and place of birth;
 - (4) date and location of all baccalaureate and post-baccalaureate training, professional training, medical training, degrees obtained, and field(s) of study;
 - (5) certification of dean of osteopathic school with school seal affixed;
 - (6) certification of one year of post-graduate training;
 - (7) two letters of reference from two physicians who have known the applicant in a professional and personal capacity for at least one year;
 - (8) a photograph taken within the preceding six months attached to the application;
 - (9) notarized copy of medical diploma;
 - (10) notarized copy of internship certificate;
 - (11) clearance from other state boards where licensed stating that license has not been subject to disciplinary action;
 - (12) clearance from the American osteopathic association, the federation of state medical boards of the United States;
 - (13) NBOE, FLEX, COMLEX or USMLE scores sent directly to the board.

B. Interview: Any applicant for licensure with prior, current, or pending disciplinary action must appear before the board at its next regular scheduled board meeting after the applicant has met all other application requirements.

[16.17.2.8 NMAC - Rp, Rule 2, 10-29-2004]

HISTORY OF 16.17.2 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the state records center and archives:

BOSE 69-1, Practice Guide for Osteopathic Physicians and Surgeons in New Mexico, filed 06-05-1969.

Rule 2, Application for Licensure, filed 12-07-1988.

History of Repealed Material: Rule 2, Application for Licensure (filed 12-07-1988) repealed 10-29-2004.

Other History:

Rule 2, Application for Licensure (filed 12-07-1988) replaced by 16.17.2 NMAC, Application for Licensure, effective 10-29-2004.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 17 OSTEOPATHIC MEDICINE AND SURGERY PRACTITIONERS
PART 3 EXAMINATION, ENDORSEMENT AND TEMPORARY LICENSE REQUIREMENTS

16.17.3.1 ISSUING AGENCY: Regulation and Licensing Department - NM Board of Osteopathic Medical Examiners.

[16.17.3.1 NMAC - N, 10-29-2004]

16.17.3.2 SCOPE: This part applies to applicants for licensure.

[16.17.3.2 NMAC - N, 10-29-2004]

16.17.3.3 STATUTORY AUTHORITY: These rules of practice and procedure govern the practice of osteopathic medicine in New Mexico and are promulgated pursuant to and in accordance with the Osteopathic Physician Practice Act, Sections 61-10-1 through 61-10 -23 NMSA 1978

[16.17.3.3 NMAC - N, 10-29-2004]

16.17.3.4 DURATION: Permanent.

[16.17.3.4 NMAC - N, 10-29-2004]

16.17.3.5 EFFECTIVE DATE: October 29, 2004, unless a later date is cited at the end of a section.

[16.17.3.5 NMAC - N, 10-29-2004]

16.17.3.6 OBJECTIVE: To establish requirements to obtain a temporary license and for licensure by examination and endorsement.

[16.17.3.6 NMAC - N, 10-29-2004]

16.17.3.7 DEFINITIONS:

- A.** "FLEX" means federation licensing examination.
- B.** "NBOE" means national board osteopathic examination.
- C.** "COMLEX" means composite osteopathic medical licensing examination.
- D.** "USMLE" means United States medical licensing examination.

[16.17.3.7 NMAC - N, 10-29-2004]

16.17.3.8 EXAMINATION: In determining the fitness of an applicant for licensure by examination, the board adopts the following examinations: FLEX (federation of state medical boards of the United States) or the NBOE (national board of examiners of osteopathic physicians and surgeons) or COMLEX (composite osteopathic medical licensing examination) or the USLME (United States medical licensing examination.) Each applicant must register with the national board of osteopathic medical examiners or the federation of state licensing boards to take the exam at the most convenient testing site available. The board will not administer any of the aforementioned exams.

A. FLEX

(1) Each applicant must earn a passing score of 75% or higher on each of the two components of the exam. The board will not accept overall or average scores. The board will accept passing component scores obtained at a single administration or at separate administrations of the exam.

(2) If an applicant fails either component of the FLEX examination he must repeat only the component failed. Upon failing one or both components, the applicant may repeat the component failed at the next administration of the exam. If the applicant fails a second examination, he must wait one year before taking the examination for a third time. If the applicant fails a third time, the applicant must acquire one additional year of AOA approved postgraduate training before being examined a fourth time.

(3) Both components of the FLEX examination must be passed within seven years of taking the initial examination.

B. NBOE - Each applicant must earn a passing score of 75% or higher on each of the three components of the examination.

C. COMLEX - Each applicant must earn a minimum total passing score or higher on each level of this examination.

D. USMLE - Each applicant must earn a minimum total passing score or higher on each level of this examination.
[16.17.3.8 NMAC - Rp, Rule 3, 10-29-2004]

16.17.3.9 LICENSURE BY ENDORSEMENT: Applicants for licensure by endorsement shall meet all requirements as set forth in Section 61-10-12 NMSA 1978. Additionally, the state of the applicants primary license shall have requirements equal to or greater than the requirements of licensure in New Mexico.
[16.17.3.9 NMAC - Rp, Rule 4, 10-29-2004]

16.17.3.10 TEMPORARY LICENSE: The board will approve permanent licenses during regular meetings only. In the interim between regular meetings, the board may issue a temporary license to applicants who have complied with all application requirements. Temporary licenses shall only be valid until the next regular board meeting.
[16.17.3.10 NMAC - Rp, Rule 5, 10-29-2004]

HISTORY OF 16.17.3 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the state records center and archives:

BOSE 69-1, Practice Guide for Osteopathic Physicians and Surgeons in New Mexico, filed 6-5-1969.

Rule 3, Licensure by Examination, filed 12-7-1988.

Rule 4, Licensure by Endorsement, filed 12-7-1988.

Rule 5, Temporary License, filed 12-7-1988.

History of Repealed Material: Rule 3, Licensure by Examination (filed 12-7-1988); Rule 4, Licensure by Endorsement, (filed 12-7-1988); Rule 5, Temporary License, (filed 12-7-1988) repealed 10-29-2004.

Other History:

Rule 3, Licensure by Examination (filed 12-7-1988); Rule 4, Licensure by Endorsement, (filed 12-7-1988); and Rule 5, Temporary License (filed 12-7-1988); all replaced by 16.17.3 NMAC, Examination, Endorsement and Temporary License Requirements, effective 10-29-2004.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 17 OSTEOPATHIC MEDICINE AND SURGERY PRACTITIONERS
PART 4 RENEWAL AND CONTINUING EDUCATION REQUIREMENTS

16.17.4.1 ISSUING AGENCY: Regulation and Licensing Department - NM Board of Osteopathic Medical Examiners.

[16.17.4.1 NMAC - N, 10-29-2004]

16.17.4.2 SCOPE: All Licensed Osteopathic Physicians.

[16.17.4.2 NMAC - N, 10-29-2004]

16.17.4.3 STATUTORY AUTHORITY: These rules of practice and procedure govern the practice of osteopathic medicine in New Mexico and are promulgated pursuant to and in accordance with the Osteopathic Physician Practice Act, Sections 61-10-1 through 61-10 -23 NMSA 1978.

[16.17.4.3 NMAC - N, 10-29-2004]

16.17.4.4 DURATION: Permanent.

[16.17.4.4 NMAC - N, 10-29-2004]

16.17.4.5 EFFECTIVE DATE: October 29, 2004, unless a later date is cited at the end of a section.

[16.17.4.5 NMAC - N, 10-29-2004]

16.17.4.6 OBJECTIVE: To establish renewal procedures and continuing education requirements for licensees to renew their license.

[16.17.4.6 NMAC - N, 10-29-2004]

16.17.4.7 DEFINITIONS:

- A. "CME" means continuing medical education.
- B. "AOA" means the American osteopathic association.
- C. "AMA" means the American medical association.
- D. "SPEX" means special purpose examination.

[16.17.4.7 NMAC - N, 10-29-2004]

16.17.4.8 ANNUAL RENEWAL OF LICENSE:

A. On or before July 1 of each year, all physicians must submit an application for renewal form provided by the board. Physicians who fail to renew their certificates as of July 1 will be subject to suspension of their license.

B. As a condition of annual renewal, physicians must submit proof of completion of continuing education.

C. Physicians must submit a renewal fee.

[16.17.4.8 NMAC - Rp, Rule 7, 10-29-2004]

16.17.4.9 CME HOURS REQUIRED: The New Mexico board of osteopathic medical examiners will require seventy-five (75) hours of continuing education every three years in required education, category I. These may be distributed over the three year period, or they may all be obtained in one year. The board accepts one (1) credit hour for every clock hour of participation in a CME activity.

[16.17.4.9 NMAC - Rp, Rule 11, 10-29-2004]

16.17.4.10 ACCEPTABLE AS CME:

A. The board will also accept active membership in the American osteopathic association.

B. Certification or re-certification by a specialty board during the three year cycle.

C. Passage of the SPEX with a score of seventy-five (75), during the three year cycle.

[16.17.4.10 NMAC - N, 10-29-2004]

16.17.4.11 CME ALLOWED COURSES AND PROVIDERS:

A. AOA or AMA and NM CATEGORY 1. Clinical courses approved for AOA or AMA category 1-A, 1-B are approved for New Mexico category 1. Clinical courses certified by the New Mexico osteopathic association and the New Mexico medical society continuing education committee as meeting the criteria for AOA/AMA category 1, but certified as New Mexico category 1 specific, are acceptable for credit.

B. POST GRADUAT EDUCATION. Internship, residency or fellowship: forty (40) credit hours per year during service in post graduate educational programs approved by AOA or AMA.

C. ADVANCED DEGREES. Education for an advanced degree in a medical field or medically related field: 40 credit hours are allowed for each full academic year of study.

D. SELF ASSESSMENT TESTS. Self assessment tests given by medical associations and other educational institutions approved by the board will be accepted for credit if the test is scored by an institution approved by the board. A total of not more than thirty-five (35) hours will be granted for self assessment tests completed during a three year period.

E. TEACHING. One (1) credit hour is allowed for each clock hour of teaching of medical students or physicians in an approved medical school or approved internship or residency program or in institutions or programs approved by the board.

F. PHYSICIAN PRECEPTOR. Physicians, approved by an accredited medical school to act as preceptors for students, will be granted a maximum of thirty (30) hours credit during a three year period.

G. PAPERS OR PUBLICATIONS. Ten (10) hours may be claimed for each scientific paper or publication. A paper must be presented to a recognized international, national, regional or state medical society or other organization whose membership is primarily composed of physicians. A publication must appear in a regularly recognized medical or medically related scientific journal. Scientific material used in the paper or publication may be credited only once. No more than thirty (30) hours may be claimed in a three year period.

H. CARDIO-PULMONARY RESUSCITATION. Credit may be claimed during each three-year reporting period for successful completion of ACLS (advanced cardiac life support), PALS (pediatric advanced life support), ATLS (advanced trauma life support) and NALS (neonatal advanced life support) courses.
[16.17.4.11 NMAC - Rp, Rule 11, 10-29-2004]

16.17.4.12 VERIFICATION OF CME: Each physician renewing a license shall attest that they have obtained the required hours of CME on the renewal form. The board will select renewal applications for audit to verify completion of acceptable CME. Audit requests will be included with the renewal notice and those selected physicians will be asked to submit proof of compliance with the continuing education requirements. The board may audit CME records at any time. CME records must be maintained for one year following the renewal cycle in which they are earned.

[16.17.4.12 NMAC - N, 10-29-2004]

16.17.4.13 EMERGENCY DEFERRAL: A physician unable to fulfill the CME requirements prior to the date of license expiration may apply to the board for an emergency deferral of the requirements. A designee of the board may grant deferrals of up to ninety (90) days.

A. In case of illness or other documented circumstances, the board may grant an additional extension of time in which the necessary credits may be earned. The request must be made in writing at the time of renewal and approved by the board.

B. A licensee practicing or residing outside the United States shall not be required to fulfill the CME requirements for the period of the absence. The board must be notified prior to license expiration that the licensee will be outside the US, including the period of the absence. Upon return to the US, the licensee shall complete the CME required for the years of practice within the US during the renewal cycle, or apply for an emergency deferral.

[16.17.4.13 NMAC - N, 10-29-2004]

HISTORY OF 16.17.4 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the state records center and archives:

BOSE 69-1, Practice Guide for Osteopathic Physicians and Surgeons in New Mexico, filed 06-05-69;

BOSE 72-1, Regulations for Continuing Medical Education of the New Mexico State Board of Osteopathic Examination and Registration, filed 06-27-72;

Rule 7, Annual Renewal of Certificate, filed 12-07-88;

Rule 11, Continuing Medical Education, filed 09-22-89.

History of Repealed Material: Rule 7, Annual Renewal of Certificate (filed 12-07-88) and Rule 11, Continuing Medical Education (filed 09-22-89) were both repealed 10-29-2004.

Other History:

Rule 7, Annual Renewal of Certificate (filed 12-07-88) and Rule 11, Continuing Medical Education (filed 09-22-89) replaced by 16.17.4NMAC, Renewal and Continuing Education Requirements, effective 10-29-2004.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 17 OSTEOPATHIC MEDICINE AND SURGERY PRACTITIONERS
PART 5 PRESCRIBING AND DISTRIBUTION OF CONTROLLED SUBSTANCES

16.17.5.1 ISSUING AGENCY: Regulation and Licensing Department - New Mexico Board of Osteopathic Medicine.
[16.17.5.1 NMAC - N, 03-16-2014; A, 01-16-2017]

16.17.5.2 SCOPE: This part applies to all licensed osteopathic physicians.
[16.17.5.2 NMAC - N, 03-16-2014]

16.17.5.3 STATUTORY AUTHORITY: These rules of practice and procedure govern the practice of osteopathic medicine in New Mexico and are promulgated pursuant to and in accordance with the Osteopathic Medicine Act, Sections 61-10-1 through 61-10 -23 NMSA 1978 and the Pain Relief Act, Subsection D of Sections 24-2-1 thru 24- 2-6 NMSA 1978.
[16.17.5.3 NMAC - N, 03-16-2014; A, 01-16-2017]

16.17.5.4 DURATION: Permanent.
[16.17.5.4 NMAC - N, 03-16-2014]

16.17.5.5 EFFECTIVE DATE: March 16, 2014, unless a later date is cited at the end of a section.
[16.17.5.5 NMAC - N, 03-16-2014]

16.17.5.6 OBJECTIVE: It is the position of the board that osteopathic physicians have an obligation to treat pain and that a wide variety of medicines including controlled substances and other drugs may be prescribed for that purpose. When such medicines and drugs are used they should be prescribed in adequate doses and for appropriate lengths of time after a thorough medical evaluation has been completed.
[16.17.5.6 NMAC - N, 03-16-2014]

16.17.5.7 DEFINITIONS:

A. “Acute pain” means the normal predicted physiological response to a noxious chemical or thermal or mechanical stimulus typically associated with invasive procedures, trauma, or disease and is generally time limited.

B. “Addiction” is a neurobehavioral syndrome with genetic and environmental influences that results in psychological dependence on the use of substances for their psychic effects. It is characterized by behaviors that include one or more of the following: impaired control over drug use; compulsive use; continued use despite harm; and, craving. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and should not by themselves be considered addiction.

C. “Administer” means to apply a prepackaged drug directly to the body of a patient by any means.

D. “Chronic pain” means a pain that persists after reasonable efforts have been made to relieve the pain or its cause and that continues, either continuously or episodically for longer than three consecutive months. “Chronic pain” does not, for the purpose of the Pain Relief Act requirements, include pain associated with a terminal condition.

E. “Clinical pain expert” means a person who by reason of specialized education or substantial relevant experience in pain management, has knowledge regarding current standards, practices and guidelines.

F. “Delegate” means a person designated by a practitioner for the purpose of requesting and receiving prescription monitoring program (PMP) reports for that practitioner.

G. “Dispense” means to deliver a drug directly to a patient and includes the compounding, labeling and repackaging of a drug from a bulk or original container.

H. “Distribute” means to administer or supply to a patient under the direct care of the distributing physician or physician assistant one or more doses of drugs prepackaged by a licensed pharmacist and excludes the compounding or repackaging from a bulk or original container.

I. “Drug abuser” means a person who takes a drug or drugs for other than legitimate medical purposes.

J. “Established physician-patient relationship” means a relationship between a physician 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 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.

K. “Formulary” means any dangerous drugs; including Schedule II-V controlled substances, physicians may use in the care of patients where there is an established physician-patient relationship.

L. “Licensed osteopathic physician” means an osteopathic physician licensed by the New Mexico board of osteopathic medicine in New Mexico.

M. “Pain” means acute or chronic pain or both.

N. “Physical dependence” means a state of adaptation that is manifested by a drug-specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, administration of an antagonist, or a combination of these.

O. “Practitioner” means a New Mexico osteopathic physician maintaining licensure pursuant to state law that allows that individual to prescribe, order, administer or dispense controlled substances to patients.

P. “Prescribe” means to issue an order individually for the person for whom prescribed, either directly from the prescriber to the pharmacist or indirectly by means of a written order signed by the prescriber bearing the name and address of the prescriber, license classification, the name and address of the patient, the name of the drug prescribed, direction for use and the date of issue.

Q. “Prescription monitoring program” means a centralized system to collect, monitor, and analyze electronically for controlled substances, prescribing and dispensing data submitted by pharmacies and dispensing practitioners. The data are used to support efforts in education, research, enforcement and abuse prevention.

R. “Tolerance” means a state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug’s effects over time.

[16.17.5.7 NMAC - N, 03-16-2014; A, 01-16-2017]

16.17.5.8 GUIDELINES: The following regulations shall be used by the board to determine whether an osteopathic physician's prescriptive practices are consistent with the appropriate treatment of pain.

A. The treatment of pain with various medicines or controlled substances is a legitimate medical practice when accomplished in the usual course of professional practice. It does not preclude treatment of patients with addiction, physical dependence or tolerance who have legitimate pain. However, such patients do require very close monitoring and precise documentation.

B. The prescribing, ordering, administering or dispensing of controlled substances to meet the individual needs of the patient for management of chronic pain is appropriate if prescribed, ordered, administered or dispensed in compliance with the following.

(1) A practitioner shall complete a physical examination and include an evaluation of the patient's psychological and pain status. The medical history shall include any previous history of significant pain, past history of alternate treatments for pain, potential for substance abuse, coexisting disease or medical conditions, and the presence of a medical indication or contra-indication against the use of controlled substances.

(2) A practitioner shall be familiar with and employ screening tools as appropriate, as well as the spectrum of available modalities, in the evaluation and management of pain. The practitioner shall consider an integrative approach to pain management.

(3) A written treatment plan shall be developed and tailored to the individual needs of the patient, taking age, gender, culture, and ethnicity into consideration, with stated objectives by which treatment can be evaluated, e.g. by degree of pain relief, improved physical and psychological function, or other accepted measure. Such a plan shall include a statement of the need for further testing, consultation, referral or use of other treatment modalities.

(4) The practitioner shall discuss the risks and benefits of using controlled substances with the patient, or surrogate, or guardian, and shall document this discussion in the record.

(5) Complete and accurate records of care provided and drugs prescribed shall be maintained. When controlled substances are prescribed, the name of the drug, quantity, prescribed dosage and number of refills authorized should be recorded. Prescriptions for opioids shall include indications for use. For chronic non-cancer pain patients treated with controlled substance and analgesic(s), the prescribing practitioner shall use a written agreement for treatment with the patient outlining patient responsibilities. As part of a written agreement, chronic non-cancer pain patients shall receive all chronic pain management prescriptions from one practitioner and one pharmacy whenever possible.

(6) The management of patients needing chronic pain control requires monitoring by the attending or the consulting practitioner. The practitioner shall periodically review the course of treatment for chronic non-cancer pain, the patient's state of health, and any new information about the etiology of the chronic non-cancer pain at least every six months. In addition, a practitioner shall consult, when indicated by the patient's condition, with a clinical pain expert. Consultation should occur early in the course of long-term treatment and at reasonable intervals during continued long-term treatment for assessment of benefit and need a minimum of once every six months.

(7) If, in a practitioner's medical opinion, a patient is seeking pain medication for reasons that are not medically justified, the practitioner is not required to prescribe controlled substances for the patient.

C. Pain management for patients with substance abuse disorders shall include:

(1) a contractual agreement;

(2) appropriate consultation;

(3) urine or hair or salivary or blood drug screening shall be considered when other factors suggest an elevated risk of misuse or diversion; and

(4) a schedule for re-evaluation at appropriate time intervals at least every six months.

D. The board will evaluate the quality of care on the following basis: appropriate diagnosis and evaluation; appropriate medical indication for the treatment prescribed; documented change or persistence of the recognized medical indication; and, follow-up evaluation with appropriate continuity of care. The board will judge the validity of prescribing based on the practitioner's treatment of the patient and on available documentation, rather than on the quantity and chronicity of prescribing. The goal is to control the patient's pain for its duration while effectively addressing other aspects of the patient's functioning, including physical, psychological, social, and work related factors.

E. The board will review both over-prescription and under-prescription of pain medications using the same standard of patient protection as a guiding principle.

F. Any physician that prescribes opiate based pain medication, shall obtain at least six CME credits in pain management over a three year period.

G. Any physician that prescribes opiate based pain medication shall utilize the state based prescription monitoring program at the initial office visit which results in a prescription for an opiate based pain medication, and at least at yearly intervals and at critical turning points in patient care.

H. A practitioner who appropriately prescribes controlled substances and who follows this section would be considered to be in compliance with this rule and not be subject to discipline by the board, unless there is some violation of the Osteopathic Medicine and Surgery Practice Act or board rules.

[16.17.5.8 NMAC - N, 03-16-2014]

16.17.5.9 PHYSICIANS TREATED WITH OPIATES: Physicians who have chronic pain and are being treated with opiates shall be evaluated by a pain clinic or, by an M.D. or D.O. pain specialist, and must have a complete, independent neuropsychological evaluation, as well as clearance from their physician, before returning to or continuing in practice. In addition, they must remain under the care of a physician for as long as they remain on opiates while continuing to practice.

[16.17.5.9 NMAC - N, 03-16-2014]

16.17.5.10 PRESCRIPTION MONITORING PROGRAM (PMP) REQUIREMENTS: The intent of the New Mexico board of osteopathic medicine in requiring participation in the PMP is to assist practitioners in balancing the safe use of controlled substances with the need to impede harmful and illegal activities involving these pharmaceuticals.

A. Any practitioner who holds a federal drug enforcement administration registration and a New Mexico controlled substance registration shall register with the board of pharmacy to become a regular participant in PMP inquiry and reporting.

B. A practitioner may authorize delegate(s) to access the prescription monitoring report consistent with board of pharmacy regulation 16.19.29 NMAC. While a practitioner's delegate may obtain a report from the state's prescription monitoring program, the practitioner is solely responsible for reviewing the prescription monitoring report and documenting the receipt and review of a report in the patient's medical record.

C. Before a practitioner prescribes or dispenses for the first time, a controlled substance in Schedule II, III, IV, or V to a patient for a period greater than four days, or if there is a gap in prescribing the controlled substance for 30 days or more, the practitioner shall review a prescription monitoring report for the patient for the

preceding 12 months. When available, the practitioner shall review similar reports from adjacent states. The practitioner shall document the receipt and review of such reports in the patient's medical record.

D. A prescription monitoring report shall be reviewed a minimum of once every three months during the continuous use of a controlled substance in Schedule II, III, IV or V for each patient. The practitioner shall document the review of these reports in the patient's medical record. Nothing in this section shall be construed as preventing a practitioner from reviewing prescription monitoring reports with greater frequency than that required by this section.

E. A practitioner does not have to obtain and review a prescription monitoring report before prescribing, ordering, or dispensing a controlled substance in Schedule II, III, IV or V:

- (1) for a period of four days or less; or
- (2) to a patient in a nursing facility; or
- (3) to a patient in hospice care.

F. Upon review of a prescription monitoring report for a patient, the practitioner shall identify and be aware of a patient currently:

- (1) receiving opioids from multiple prescribers;
- (2) receiving opioids and benzodiazepines concurrently;
- (3) receiving opioids for more than 12 consecutive weeks;
- (4) receiving more than one controlled substance analgesic;
- (5) receiving opioids totaling more than 90 morphine milligram equivalents per day; or
- (6) exhibiting potential for abuse or misuse of opioids and other controlled substances, such

as over-utilization, requests to fill early, requests for specific opioids, requests to pay cash when insurance is available, receiving opioids from multiple pharmacies.

G. Upon recognizing any of the above conditions described in paragraph F, the practitioner, using professional judgment based on prevailing standards of practice, shall take action as appropriate to prevent, mitigate, or resolve any potential problems or risks that may result in opioid misuse, abuse, or overdose. These steps may involve counseling the patient on known risks and realistic benefits of opioid therapy, prescription and training for naloxone, consultation with or referral to a pain management specialist, or offering or arranging treatment for opioid or substance use disorder. The practitioner shall document actions taken to prevent, mitigate, or resolve the potential problems or risks.

[16.17.5.10 NMAC - N, 03-16-2014; A, 01-16-2017]

16.17.5.11 NON-CANCER PAIN MANAGEMENT CONTINUING EDUCATION: This section applies to all New Mexico board of osteopathic medicine licensed physicians who hold a federal drug enforcement administration registration and licensure to prescribe opioids. Pursuant to the Pain Relief Act, in order to ensure that all such health care practitioners safely prescribe for pain management and harm reduction, the following rules shall apply.

A. On or before July 1, 2014 all New Mexico board of osteopathic medicine licensees who hold a federal drug enforcement administration registration and licensure to prescribe opioids, shall complete no less than two continuing medical education hours in appropriate courses that include a review of 16.17.5 NMAC, management of the treatment of 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. All such courses are subject to board approval. Practitioners who have taken continuing education hours in these educational elements in the two years prior to July 1, 2014 may apply those hours toward the required two continuing education hours described in this subsection.

B. Beginning with the July 1, 2014 triennial renewal date, as part of the 75 continuing medical education hours required during each triennial renewal cycle, all New Mexico osteopathic board physician licensees, who hold a federal drug enforcement administration registration and license to prescribe opioids, shall be required to complete and submit six continuing education hours. Appropriate courses shall include all of the educational elements described in Subsection A of this section. All such courses are subject to board approval. These hours may be earned at any time during the three-year period immediately preceding the triennial renewal date. The two continuing medical education hours completed prior to July 1, 2014, as defined in Subsection A above, may be included as part of the required continuing medical education hours in pain management.

C. All New Mexico board of osteopathic medicine licensees, whether or not the New Mexico license is their first license, who hold a federal drug enforcement administration registration and license shall complete two continuing medical education hours in pain management during the first year of licensure. These two continuing

medical education hours completed prior to the first renewal may be included as part of the hours required in Subsection B above.

[16.17.5.11 NMAC - N, 03-16-2014; A, 01-16-2017]

16.17.5.12 NOTIFICATION: In addition to the notice of procedures set forth in the State Rules Act Chapter 14, Article 14, NMSA 1978, the board shall separately notify the following persons of the Pain Relief Act and Part 17 of the New Mexico board of osteopathic medicine rule;

- A.** health care practitioners under its jurisdiction; and
- B.** health care practitioners being investigated by the board in relation to the practitioner's pain management services.

[16.17.5.12 NMAC - N, 03-16-2014]

HISTORY OF 16.17.5 NMAC: [RESERVED]

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 17 OSTEOPATHIC MEDICINE AND SURGERY PRACTITIONERS
PART 6 REVOCATION OR REFUSAL OF LICENSURE

16.17.6.1 ISSUING AGENCY: Regulation and Licensing Department - NM Board of Osteopathic Medical Examiners.
[16.17.6.1 NMAC - N, 10-29-2004]

16.17.6.2 SCOPE: All licensed osteopathic physicians.
[16.17.6.2 NMAC - N, 10-29-2004]

16.17.6.3 STATUTORY AUTHORITY: These rules of practice and procedure govern the practice of osteopathic medicine in New Mexico and are promulgated pursuant to and in accordance with the Osteopathic Physician Practice Act, Sections 61-10-1 through 61-10-23 NMSA 1978.
[16.17.6.3 NMAC - N, 10-29-2004]

16.17.6.4 DURATION: Permanent.
[16.17.6.4 NMAC - N, 10-29-2004]

16.17.6.5 EFFECTIVE DATE: October 29, 2004, unless a later date is cited at the end of a section.
[16.17.6.5 NMAC - N, 10-29-2004]

16.17.6.6 OBJECTIVE: To establish causes for revoking, refusing, or suspending a license to practice osteopathic medicine in New Mexico.
[16.17.6.6 NMAC - N, 10-29-2004]

16.17.6.7 DEFINITIONS: [RESERVED]

16.17.6.8 REVOCATION OR REFUSAL OF LICENSE:

A. Causes for refusal or revocation of license. The board may either refuse to issue or may suspend or revoke any license for any one or more of the following causes, whether committed in the state of New Mexico or elsewhere:

- (1) conviction of a felony, as evidenced by a certified copy of the record of the court issuing conviction;
- (2) obtaining or attempting to obtain a license by fraudulent misrepresentation, or practicing in the profession by fraudulent misrepresentation;
- (3) gross malpractice which means gross and flagrantly improper treatment of a patient, or such culpable neglect of a patient as to indicate a willful act or injury to the patient; gross malpractice also means such incompetence on the part of the practitioner as to render him unfit to hold himself out to the public as a licensed osteopathic physician and surgeon; gross malpractice shall also consist of performing, aiding, or abetting the performance of any act or operation upon or on behalf of a patient expressly forbidden by state and federal penal laws, such as criminal operations, dispensing and prescribing of narcotics;
- (4) advertising, practicing, or attempting to practice under a name other than one's own;
- (5) habitual or excessive use or abuse of drugs or alcohol;
- (6) immoral, dishonorable or unprofessional conduct.

B. Dishonorable and unprofessional conduct shall include but shall not be limited to the following:

- (1) willful violation of the code of ethics of the American osteopathic association;
- (2) aiding unlicensed persons to practice medicine and surgery in the state of New Mexico;
- (3) violation of the law pertaining to dangerous drugs, narcotics, or intoxicating liquors;
- (4) the commission of any act involving moral turpitude; moral turpitude includes any act contrary to justice, honesty, modesty or good morals;
- (5) incompetency to act as an osteopathic physician and surgeon; failure to possess and or exercise the requisite degree of skill, learning, and care commonly possessed by osteopathic physicians and surgeons in the state of New Mexico or the rendering of treatment to patients in a manner contrary to accepted rules;

- (6) the performance of any act or omission which tends to degrade or place the physician and the osteopathic profession in bad public repute where the act or omission is contrary to the professional standards which an osteopathic physician and surgeon assumes;
- (7) the unlawful use of the name "doctor of medicine" or its initials or emblems, either orally or otherwise;
- (8) willful failure to comply with regulations of the department of health or the regulations of this board;
- (9) continuing to practice while knowingly having an infectious or contagious disease;
- (10) the failure to clearly designate the school of medicine by which a physician is licensed to practice on all professional stationery, signs, prescription blanks, telephone and business directories, certificates, and papers of any kind which pertain to his practice as an osteopathic physician and surgeon.
- [16.17.6.8 NMAC - Rp, Rule 8, 10-29-2004]

HISTORY OF 16.17.6 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the state records center and archives:

BOSE 69-1, Practice Guide for Osteopathic Physicians and Surgeons in New Mexico, filed 06-05-69.

Rule 8, Revocation or Refusal of License, filed 12-07-88.

History of Repealed Material: Rule 8, Revocation or Refusal of License (filed 12-07-88) repealed 10-29-2004.

Other History:

Rule 8, Revocation or Refusal of License (filed 12-07-88) replaced by 16.17.6 NMAC, Revocation or Refusal of License, effective 10-29-2004.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 17 OSTEOPATHIC MEDICINE AND SURGERY PRACTITIONERS
PART 7 REINSTATEMENT

16.17.7.1 ISSUING AGENCY: Regulation and Licensing Department - NM Board of Osteopathic Medical Examiners.
[16.17.7.1 NMAC - N, 10-29-2004]

16.17.7.2 SCOPE: All licensed osteopathic physicians.
[16.17.7.2 NMAC - N, 10-29-2004]

16.17.7.3 STATUTORY AUTHORITY: These rules of practice and procedure govern the practice of osteopathic medicine in New Mexico and are promulgated pursuant to and in accordance with the Osteopathic Physician Practice Act, Sections 61-10-1 through 61-10-23 NMSA 1978
[16.17.7.3 NMAC - N, 10-29-2004]

16.17.7.4 DURATION: Permanent
[16.17.7.4 NMAC - N, 10-29-2004]

16.17.7.5 EFFECTIVE DATE: October 29, 2004, unless a later date is cited at the end of a section.
[16.17.7.5 NMAC - N, 10-29-2004]

16.17.7.6 OBJECTIVE: To establish reinstate requirements for physicians who have allowed their license to lapse.
[16.17.7.6 NMAC - N, 10-29-2004]

16.17.7.7 DEFINITIONS: "SPEX" means special purpose examination administered by the federation of state licensing boards.
[16.17.7.7 NMAC - N, 10-29-2004]

16.17.7.8 REINSTATEMENT OF LICENSE:

A. Lapsed license: An applicant whose license has lapsed for failure to renew his license may apply for reinstatement of his license. An applicant who has allowed his license to lapse for a period greater than three years may not apply for reinstatement. Such an individual must re-apply for a license. All applications for reinstatement shall be accompanied by the following:

(1) proof of completion of 75 board approved continuing education hours obtained in the preceding three years; in the event an applicant has not completed the requisite number of continuing education hours, the board may require that the applicant successfully pass the SPEX examination or complete a course designated by the board;

(2) a chronology of medical activities during the entire period the license has been in a lapsed status. In the event an applicant has not actively engaged in the practice of medicine in New Mexico during the period of lapse, the board in its discretion may require the applicant to successfully pass the SPEX examination or complete a course designated by the board;

(3) three letters of recommendation from osteopathic physicians who have known the applicant professionally and personally for one year; all letters of recommendation must be mailed directly to the board from the recommending physician;

(4) a list of hospitals and their addresses where the applicant has worked during the five years immediately preceding application for reinstatement;

(5) a 3' x 5" photograph taken within the preceding year;

(6) payment of reinstatement fee and current renewal fee.

B. Disciplinary action:

(1) An applicant whose license has been suspended or revoked pursuant to Section 61-10-15 NMSA 1978 may request reinstatement of his license. All requests must be in writing and must be accompanied by all required information. Additionally, the applicant must appear before the board and must demonstrate that he has been sufficiently rehabilitated from the offense that gave rise to his suspension or probation that he may engage in

the practice of medicine as required by the Osteopathic Physician Practice Act, Sections 61-10-1 through 61-10-22 NMSA 1978.

(2) The board may require that the applicant successfully pass the SPEX examination or complete a course designated by the board.

[16.17.7.8 NMAC - Rp, Rule 6, 10-29-2004]

HISTORY OF 16.17.7 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the state records center and archives:

BOSE 69-1, Practice Guide for Osteopathic Physicians and Surgeons in New Mexico, filed 06-05-69.

Rule 6, Reinstatement of License, filed 12-07-88.

History of Repealed Material: Rule 6, Reinstatement of License (filed 12-07-1988) repealed 10-29-2004.

Other History:

Rule 6, Reinstatement of License (filed 12-07-1988) replaced by 16.17.7 NMAC, Reinstatement, effective 10-29-2004.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 17 OSTEOPATHIC MEDICINE AND SURGERY PRACTITIONERS
PART 8 LICENSURE FOR MILITARY SERVICE MEMBERS, SPOUSES AND VETERANS

16.17.8.1 ISSUING AGENCY: Regulation and Licensing Department - NM Board of Osteopathic Medical Examiners.
[16.17.8.1 NMAC - N, 03-16-2014]

16.17.8.2 SCOPE: Part 8 of Chapter 17 sets forth application procedures to expedite licensure for military service members, their spouses and veterans.
[16.17.8.2 NMAC - N, 03-16-2014]

16.17.8.3 STATUTORY AUTHORITY: Part 8 of Chapter 17 is promulgated pursuant to and in accordance with the Osteopathic Medicine and Surgery Act, NMSA 1978, Sections 61-10-1 through 61-10-22 (specific authority to promulgate rules is 61-2-6(D)(2) and NMSA 1978, Section 61-1-(HB 180).
[16.17.8.3 NMAC - N, 03-16-2014]

16.17.8.4 DURATION: Permanent.
[16.17.8.4 NMAC - N, 03-16-2014]

16.17.8.5 EFFECTIVE DATE: March 16, 2014, unless a later date is cited at the end of a section.
[16.17.8.5 NMAC - N, 03-16-2014]

16.17.8.6 OBJECTIVE: The objective of Part 8 of Chapter 17 is to expedite licensure for military service members, their spouses and veterans pursuant to NMSA 1978, Section 61-1- (2013).
[16.17.8.6 NMAC - N, 03-16-2014]

16.17.8.7 DEFINITIONS:

A. “Military service member” means a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard.

B. “Recent veteran” means a person who has received an honorable discharge or separation from military service within the two years immediately preceding the date the person applied for an occupational or professional license pursuant to this section.

[16.17.8.7 NMAC - N, 03-16-2014]

16.17.8.8 APPLICATION REQUIREMENTS:

A. Applications for registration shall be completed on a form provided by the board.

B. The information shall include:

(1) completed application and fee pursuant to 16.17.1.10 NMAC and 16.17.2 NMAC;

(2) satisfactory evidence that the applicant holds a license that is current and in good standing, issued by another jurisdiction, including a branch of armed forces of the United States, that has met the minimal licensing requirements that are substantially equivalent to the licensing requirements for New Mexico osteopathic physicians;

(3) proof of honorable discharge (DD214) or military ID card or accepted proof of military spouse status.

[16.17.8.8 NMAC - N, 03-16-2014]

16.17.8.9 RENEWAL REQUIREMENTS:

A. A license issued pursuant to this part shall not be renewed unless the license satisfies the requirements for issuance of a license pursuant to 16.17.2.8 NMAC and 16.17.3.9 NMAC and for the renewal of a license pursuant to 16.17.4 NMAC.

B. A license issued pursuant to this part shall be valid for one year or until July 1, whichever comes first.

C. Prior to the expiration of the license, all licensed osteopaths shall apply for registration renewal and shall pay the renewal fee as set forth in 16.17.1.10 NMAC.

D. The board office mails license renewal notifications at least 45 days before the license expiration date. Failure to receive the renewal notification shall not relieve the licensee of the responsibility to timely renew the license by the expiration date.
[16.17.8.9 NMAC - N, 03-16-2014]

HISTORY OF 16.17.8 NMAC: [RESERVED]

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 17 OSTEOPATHIC MEDICINE AND SURGERY PRACTITIONERS
PART 9 PHYSICIANS SUPERVISING PHARMACIST CLINICIANS

16.17.9.1 ISSUING AGENCY: Regulation and Licensing Department - NM Board of Osteopathic Medical Examiners.
[16.17.9.1 NMAC - N, 02-07-2016]

16.17.9.2 SCOPE: The provisions in Part 9 of Chapter 17 apply to all osteopathic physicians who supervise pharmacist clinicians.
[16.17.9.2 NMAC - N, 02-07-2016]

16.17.9.3 STATUTORY AUTHORITY: These rules of practice and procedure govern the practice of medicine in New Mexico and are promulgated pursuant to and in accordance with the Osteopathic Medicine and Surgery Act, Section 61-10-14 NMSA 1978 and the Pharmacist Prescriptive Authority Act 61-11B-1 to 61-11B-3 NMSA 1978.
[16.17.9.3 NMAC - N, 02-07-2016]

16.17.9.4 DURATION: Permanent.
[16.17.9.4 NMAC - N, 02-07-2016]

16.17.9.5 EFFECTIVE DATE: February 7, 2016, unless a later date is cited at the end of a section.
[16.17.9.5 NMAC - N, 02-07-2016]

16.17.9.6 OBJECTIVE: The objective of Part 9 of Chapter 17 is to establish and adopt rules to carry out the board's responsibilities set forth in Sections 61-11B to 61-11B-3, NMSA 1978, the "Pharmacist Authority Act."
[16.17.9.6 NMAC - N, 02-07-2016]

16.17.9.7 DEFINITIONS:

A. "Consultation" means in person, telephonically, by two-way radio, by e-mail or by other electronic means.

B. "Alternate supervising physician" means a physician who holds a current unrestricted license to practice medicine or osteopathic medicine, is a cosignatory on the notification of supervision, and agrees to act as the supervising physician in the supervising physician's absence with no change to the scope of practice or protocol of the pharmacist clinician. The alternate supervising physician must be approved by the board.

C. "Scope of practice" means duties and limitations of duties placed upon a pharmacist clinician by their supervising physician or the alternate supervising physician(s) and the board; includes the limitations implied by the field of practice of the supervising physician or the alternate supervising physician(s) and the board.

[16.17.9.7 NMAC - N, 02-07-2016]

16.17.9.8 APPROVAL OF SUPERVISING PHYSICIANS: A physician shall only be approved as a pharmacist clinician supervisor after the pharmacist clinician registers with the board by submitting an application for authority to practice under the supervision of a licensed physician. The application shall include:

A. the name, address, phone number of the applicant, and proof of current certification as a pharmacist clinician by the board of pharmacy;

B. the name, address, and phone number of the supervising physician;

C. a written protocol agreed to and signed by the pharmacist clinician and the supervising physician that shall include:

(1) a statement identifying the physician authorized to prescribe dangerous drugs and the pharmacist clinician who is a party to the guidelines or protocol;

(2) a statement of the types of prescriptive authority that the pharmacist clinician is authorized to make within his scope of practice which may include:

(a) a statement of the types of diseases, dangerous drugs or dangerous drug categories involved and the type of prescriptive authority authorized in each case; and

(b) a general statement of the procedures, decision criteria or plan the pharmacist clinician is to follow when exercising prescriptive authority;

(c) a statement of the activities the pharmacist clinician is to follow in the course of exercising prescriptive authority, including documentation of decisions made and a plan for communication to and consultation with the supervising physician concerning specific decisions made; documentation may occur on the prescriptive record, patient profile, patient medical chart or in a separate log book; and

(d) a statement that describes appropriate mechanisms for reporting to the physician the pharmacist clinician's activities in monitoring the patients; and

(e) a statement that describes provisions for immediate communication or consultation between the pharmacist clinician and the supervising physician or alternate supervising physician.

D. The pharmacist clinician may be authorized in the protocol to monitor dangerous drug therapy as follows:

(1) collecting and reviewing patient dangerous drug histories;
(2) measuring and reviewing routine patient vital signs including pulse, temperature, blood pressure and respiration; and
(3) ordering and evaluating the results of laboratory tests relating to dangerous drug therapy, including blood chemistries and cell counts, controlled substance therapy levels, blood, urine, tissue or other body fluids, culture and sensitivity tests when performed in accordance with guidelines or protocols applicable to the practice setting.

E. A pharmacist clinician may only prescribe controlled substances if she:

(1) has obtained a New Mexico controlled substances registration and a drug enforcement agency registration, and
(2) prescribes controlled substances within the parameters of written guidelines or protocols established under these regulations and Section 3.A of 62-11B NMSA 1978, the Pharmacist Prescriptive Authority Act.

F. The protocol for each pharmacist clinician shall be reviewed by the board as least every two years.

G. A pharmacist clinician shall perform only those services that are set forth in the protocol.

H. Pharmacist clinicians may prescribe only those drugs described in a board approved protocol.

I. A physician may supervise as many pharmacist clinicians as the physician can effectively supervise and communicate with in the circumstances of their particular practice setting.

J. Within thirty days after an employer terminates the employment of a pharmacist clinician, the supervising physician or the pharmacist clinician shall submit a written notice to the board providing the date of termination and reason for termination. The pharmacist clinician shall not work as a pharmacist clinician until the board approves another supervising physician.

[16.17.9.8 NMAC - N, 02-07-2016]

16.17.9.9 THE PHYSICIAN'S REQUIREMENTS OF SUPERVISION:

A. Supervising physicians must provide direction to pharmacist clinicians to specify the pharmacotherapeutic services to be provided under the circumstances in each case. This may be done by written protocol or by oral consultation. It is the responsibility of the supervising physician to assure that the appropriate directions are given and understood.

B. Supervising physicians must establish a quality assurance program for review of medical services provided by the pharmacist clinician.

C. If the supervising physician is of the opinion that circumstances warrant exceptions to the requirements set forth in Subsections A or B above, the supervising physician must specify the circumstances in writing and deliver the same to the board. The board will review, grant or deny requests for exceptions or waivers, at the board's discretion.

D. Documentation of the supervising physician reviews must be retained by the pharmacist clinician and be available for board inspection for a period of not less than five (5) years from the date of such reviews.

E. The pharmacist clinician must have prompt access to the physician by telephone or other electronic means for advice and direction.

F. If the supervising physician plans to be or is absent from his or her practice for any reason, the supervising physician cannot designate a pharmacist clinician to take over those duties or cover the practice during such absence. The supervising physician may designate an alternate supervising physician, approved by the board, to cover the practice and perform the duties of supervising physician. The alternate supervising physician will then supervise the pharmacist clinician and will be responsible for the pharmacist clinician's actions or omissions in exercising prescriptive authority or other duties as a pharmacist clinician.

G. In order to change a supervising physician between biennial renewals of registration, without a

change to the pharmacist clinician's scope of practice or protocol, a pharmacist clinician shall submit to the board a change of supervising physician form and the required fee, as specified in 16.10.9.11 NMAC. The new supervising physician may only act after the application is approved by the board.

[16.17.9.9 NMAC - N, 02-07-2016]

16.17.9.10 REPORT AND COMMITTEE: The chair of the board shall appoint two (2) members of the board, or a member and an agent of the board to an oversight committee that shall also include two members appointed by the board of pharmacy. The oversight committee will make a report that may include non-binding recommendations to both the board of pharmacy and the board of osteopathic medical examiners regarding disciplinary action. Each board can accept or reject the recommendations.

[16.17.9.10 NMAC - N, 02-07-2016]

16.17.9.11 PHYSICIANS SUPERVISING PHARMACIST CLINICIANS:

- A.** Registration application fee of \$100.
- B.** Biennial renewal fee of \$100.
- C.** Change of supervising physician fee of \$25, with no change in scope of practice or protocol.
- D.** Late fee of \$25 for failure to renew registration or provide required documentation on or before

July 1.

[16.17.9.11 NMAC - N, 02-07-2016]

HISTORY of 16.17.9 NMAC: [RESERVED]