

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 10 MEDICINE AND SURGERY PRACTITIONERS
PART 15 PHYSICIAN ASSISTANTS: LICENSURE AND PRACTICE REQUIREMENTS

16.10.15.1 ISSUING AGENCY: New Mexico Medical Board hereafter called the board.
[16.10.15.1 NMAC - Rp 16 NMAC 10.15.1, 7/15/01; A, 10/5/03]

16.10.15.2 SCOPE: This part applies to physician assistants and their supervising physicians.
[16.10.15.2 NMAC - Rp 16 NMAC 10.15.2, 7/15/01]

16.10.15.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Medical Practice Act, Sections 61-6-1 through 61-6-35 NMSA 1978.
[16.10.15.3 NMAC - Rp 16 NMAC 10.15.3, 7/15/01]

16.10.15.4 DURATION: Permanent
[16.10.15.4 NMAC - Rp 16 NMAC 10.15.4, 7/15/01]

16.10.15.5 EFFECTIVE DATE: July 15, 2001 unless a later date is cited at the end of a section.
[16.10.15.5 NMAC - Rp 16 NMAC 10.15.5, 7/15/01]

16.10.15.6 OBJECTIVE: This part regulates the licensing and practice of physician assistants and their supervision by licensed physicians.
[16.10.15.6 NMAC - Rp 16 NMAC 10.15.6, 7/15/01]

16.10.15.7 DEFINITIONS:

- A. “AAPA”** means American academy of physician assistants.
- B. “Alternate supervising physician”** means a physician who holds a current unrestricted New Mexico medical license, is a cosignatory on the notification of supervision, agrees to act as the supervising physician in the supervising physician’s absence and is approved by the board.
- C. “Interim permit”** means a document issued by the board that allows a physician assistant to practice pending completion of all licensing requirements.
- D. “Effective supervision”** means the exercise of physician oversight, control, and direction of services rendered by a physician assistant. Elements of effective supervision include:
 - (1) on-going availability of direct communication, either face-to-face or by electronic means;
 - (2) active, ongoing review of the physician assistants services, as appropriate, for quality assurance and professional support;
 - (3) delineation of a predetermined plan for emergency situations, including unplanned absence of the primary supervising physician; and
 - (4) identification and registration of alternate supervising physicians, as appropriate to the practice setting.
- E. “Lapsed”** means a license that has not been renewed by March 1 of the expiration year and has been suspended for non-renewal. A license that has lapsed is not valid for practice in New Mexico.
- F. “Nationwide criminal history record”** means information concerning a person’s arrests, indictments, or other formal criminal charges and any dispositions arising there from, including convictions, dismissals, acquittals, sentencing and correctional supervision, collected by criminal justice agencies and stored in the computerized databases of the federal bureau of investigation, the national law enforcement telecommunications systems, the department of public safety or the repositories of criminal history information in other states.
- G. “Nationwide criminal history screening”** means a criminal history background investigation of an applicant for licensure by examination or endorsement, or a licensee applying for licensure renewal, through the use of fingerprints reviewed by the department of public safety and submitted to the federal bureau of investigation, resulting in the generation of a nationwide criminal history record for that applicant.
- H. “NCCPA”** means national commission on certification of physician assistants.
- I. “Direct communication”** means communication between the supervising physician and physician assistant, in person, telephonically, by two-way radio, by email or other electronic means.
- J. “Scope of practice”** means duties and limitations of duties placed upon a physician assistant by their supervising physician and the board; includes the limitations implied by the field of practice of the supervising

physician.

K. “Statewide criminal history record” means information concerning a person’s arrests, indictments, or other formal criminal charges and any dispositions arising there from, including convictions, dismissals, acquittals, sentencing and correctional supervision, collected by criminal justice agencies and stored in the computerized database of the department of public safety or the repositories of criminal history information in municipal jurisdictions.

L. “Statewide criminal history screening” means a criminal history background investigation of a licensee applying for licensure renewal through the use of fingerprints submitted to the department of public safety and resulting in the generation of a statewide criminal history record for that licensee.

M. “Supervising physician” means a physician who holds a current unrestricted license, provides a notification of supervision, assumes legal responsibility for health care tasks performed by the physician assistant and is approved by the board.

N. “Suspended for non-renewal” means a license that has not been renewed by May 31 of the expiration year, and has at the discretion of the board, been lapsed.

O. “Emergency supervising physician” means a physician who is responsible for the operations of a team or group of health professionals, including physician assistants, who are responding to a major disaster.

P. “Major disaster” means a declaration of a major disaster by the federal emergency management agency (FEMA).

[16.10.15.7 NMAC - Rp 16 NMAC 10.15.7, 7/15/01; A, 10/7/05; A, 12/30/05; A, 7/1/06; A, 9/27/07; A, 9/21/09]

16.10.15.8 QUALIFICATIONS FOR LICENSURE AS A PHYSICIAN ASSISTANT:

A. graduation from a program for physician assistants accredited by the committee on allied health education and accreditation (CAHEA) of the American medical association, the accreditation review committee on education for the physician assistant (ARC-PA) or its successor agency, or passed the physician assistant national certifying examination administered by NCCPA prior to 1986 and has proof of continuous practice with an unrestricted license as a physician assistant in another state for four (4) years prior to application;

B. current NCCPA certification;

C. good moral and professional character; and

D. any other proof of competency as may be requested by the board.

[16.10.15.8 NMAC - Rp 16 NMAC 10.15.8, 7/15/01; A, 10/5/03; A, 1/1/09]

16.10.15.9 LICENSURE PROCESS: Each applicant for a license as a physician assistant shall submit the required fees and following documentation.

A. A completed application for which the applicant has supplied all information and correspondence requested by the board on forms and in a manner acceptable to the board. Applications are valid for 1 year from the date of receipt.

B. Two letters of recommendation from physicians licensed to practice medicine in the United States or physician assistant program directors, or the director’s designee, who have personal knowledge of the applicant’s moral character and competence to practice. Letters of recommendation must be sent directly to the board from the individual recommending the applicant.

C. Verification of licensure in all states where the applicant holds or has held a license to practice as a physician assistant, or other health care profession. Verification must be sent directly to the board from the other state board(s). Verification must include a raised seal; attest to current status, issue date, license number, and all other related information.

D. Verification of all work experience in the last five years, if applicable, provided directly to the board.

E. All applicants may be required to personally appear before the board or the board’s designee for an interview and must present original documents, as the board requires. The initial license will be issued following completion of any required interview, and/or approval by a member or agent of the board.

F. The initial license is valid until March 1 of the year following NCCPA expiration.

G. License by endorsement from New Mexico board of osteopathic examiners. Applicants who are currently licensed in good standing by the New Mexico board of osteopathic examiners may be licensed by endorsement upon receipt of a verification of licensure directly from the New Mexico board of osteopathic examiners, a supervising physician form signed by the M.D. who will serve as supervising or alternate supervising physician, and a fee of \$25.00.

H. All applicants for initial licensure as a physician assistant are subject to a state and national

criminal history screening at their expense. All applicants must submit two (2) full sets of fingerprints, completed fingerprint certificate form, signed authorization for criminal background screening and fee at the time of application.

(1) Applications for licensure will not be processed without submission of fingerprints, completed fingerprint certificate form, signed authorization for criminal background screening and fee.

(2) Applications will be processed pending the completion of the nationwide criminal background screening and may be granted while the screening is still pending.

(3) If the criminal background screening reveals a felony or a violation of the Medical Practice Act, the applicant/licensee will be notified to submit copies of legal documents and other related information to the board which will make the determination if the applicant is eligible for licensure or if disciplinary action will be taken. [16.10.15.9 NMAC - N, 7/15/01; A, 10/5/03; A, 8/6/04; A, 10/7/05; A, 7/1/06; A, 9/27/07]

16.10.15.10 INTERIM AND TRAINING PERMITS:

A. Interim permits are issued to eligible applicants who have completed the application process and complied with all other licensure requirements except certification by the NCCPA.

(1) Physician assistants not currently certified by NCCPA have a one-time grace period of one-year from the date of graduation from a program approved by ARC-PA or its successor agency to become certified.

(2) Interim permits expire at the end of the one year grace period. Upon expiration of the interim permit the physician assistant may no longer practice, but may reapply upon NCCPA certification.

B. Training permits may be issued to eligible applicants, regardless of NCCPA certification status, who have completed the application process and who have not been actively and continuously in clinical practice for the two years prior to application and who are required by the board to undertake appropriate retraining prior to licensure or reinstatement. A training permit shall be valid for one year and may not be renewed. [16.10.15.10 NMAC - N, 7/15/01; A, 10/5/03; A, 8/6/04; A, 7/1/06; A, 9/27/07]

16.10.15.11 APPROVAL OF SUPERVISING PHYSICIANS:

A. Pursuant to Section 61-6-10 NMSA 1978 a physician may supervise as many physician assistants as the physician can effectively supervise and communicate with in the circumstances of their particular practice setting.

B. All supervising physicians shall submit written notice of intent to supervise a physician assistant on forms prescribed by the board. These forms must be submitted and approved before the physician assistant begins work. Failure of the supervising physician to comply with the Medical Practice Act and the rules may result in denial of approval for current or future physician assistant supervision.

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

D. A physician assistant who is employed by the United States government and who works on land or in facilities owned or operated by the United States government or a physician assistant who is a member of the reserve components of the United States and on official orders or performing official duties as outlined in the appropriate regulation of that branch may be licensed in New Mexico with proof that their supervising physician holds an active medical license in another state. [16.10.15.11 NMAC - Rp 16 NMAC 10.15.11, 7/15/01; A, 10/7/05; A, 9/27/07; A, 1/1/09]

16.10.15.12 SUPERVISION OF PHYSICIAN ASSISTANT: Supervision of a physician assistant 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 physician assistant 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.

(2) Provide a means for immediate communication between the physician assistant and the supervising physician or alternate supervising physician.

(3) Comply with the quality assurance requirements specified in Subsection B of 16.10.15.12 NMAC.

(4) Designate an alternate supervising physician and notify the board in writing by letter, fax or email of any change from forms previously submitted.

B. Quality assurance requirements. A quality assurance program for review of medical services

provided by the physician assistant must be in place.

C. Alternate supervising physician. A physician serving as alternate supervising physician must comply with all of the requirements of Subsection A of 16.10.15.12 NMAC.

D. Compensation of physician assistants.

(1) The salary of a physician assistant may be paid by an agency or person other than the supervising physician.

(2) Under no circumstances can a physician assistant submit a separate bill to any patient of the physician.

[16.10.15.12 NMAC - Rp 16 NMAC 10.15.12, 7/15/01; A, 10/7/05; A, 9/27/07]

16.10.15.13 SCOPE OF PRACTICE:

A. 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.

B. 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 - Rp 16 NMAC 10.15.9, 7/15/01; A, 10/7/05]

16.10.15.14 PRACTICE LIMITATIONS:

A. Except as provided in Subsection B of 16.10.15.13 NMAC, a physician assistant shall not suture major lacerations. A major laceration is one that extends to or through the deep fascia, muscles, nerves, tendons or major blood vessels.

B. Except as provided in Subsection B of 16.10.15.13 NMAC, a physician assistant may render first aid and immobilize fractures, but they may not manipulate or reduce a fracture when such manipulation requires regional or general anesthesia unless they are acting as first surgical assistant with a physician.

[16.10.15.14 NMAC - Rp 16 NMAC 10.15.14, 7/15/01; A, 10/7/05]

16.10.15.15 EXEMPTION FROM LICENSURE:

A. A physician assistant student enrolled in a physician assistant or surgeon assistant educational program accredited by the committee on allied health education and accreditation or by its successor shall be exempt from licensure while functioning as a physician assistant student.

B. A physician assistant employed by the United States government and who works on land or in facilities owned or operated by the United States government or a physician assistant who is a member of the reserve components of the United States and on official orders or performing official duties as outlined in the appropriate regulation of that branch.

[16.10.15.15 NMAC - Rp 16 NMAC 10.15.13, 7/15/01]

16.10.15.16 LICENSE EXPIRATION, RENEWAL, CHANGE OF STATUS:

A. Physician assistant licenses expire on March 1 of the year following NCCPA expiration. To avoid additional penalty fees, a completed renewal application, accompanied by the required fees, proof of current NCCPA certification and other documentation must be submitted through the online renewal system, post-marked or hand-delivered on or before March 1 of the expiration year. A New Mexico physician assistant license that has not been renewed by March 1 of the renewal year will remain temporarily active with respect to medical practice until June 1 of the renewal year at which time, at the discretion of the board, the license may be suspended for non-renewal and the status changed to lapsed. The primary supervising physician will be notified.

B. The board assumes no responsibility for renewal applications not received by the licensee for any reason. It is the licensee's responsibility to assure the board has accurate address information and to make a timely request for the renewal application if one has not been received prior to license expiration.

C. Renewal applications postmarked or hand-delivered after March 1 but prior to April 15 must be accompanied by the completed renewal application, proof of current NCCPA certification, the renewal fee and late fee indicated in 16.10.9.9 NMAC.

D. Renewal applications postmarked or hand-delivered on or after April 16 but prior to May 30 must be accompanied by the completed renewal application, proof of current NCCPA certification, the renewal fee and late fee indicated in 16.10.9.9 NMAC.

E. A physician assistant who has not passed the NCCPA six year recertification exam prior to the

date of license expiration may apply to the board for an emergency deferral of the requirement. A designee of the board may grant deferrals of up to one year.

(1) A physician assistant who is granted an emergency deferral shall pay the renewal fee and additional late fee indicated in 16.10.9.9 NMAC.

(2) The license of a physician assistant who is granted an emergency deferral shall expire two years after the original renewal date, regardless of the duration of the emergency deferral.

F. The board may suspend for non-renewal and change the status to lapsed on June 1 of the renewal year. The license of any physician assistant who has failed within ninety days after the license renewal date to renew their license, or to change the license status, or to pay all required fees, or to comply with NCCPA certification requirements, or to provide required documentation, or to request an emergency deferral.

G. At the time of license renewal a physician assistant may request a status change.

(1) A license that is placed on inactive status requires payment of a fee as defined in 16.10.9.9 NMAC. A license in inactive status is not valid for practice in New Mexico but may be reinstated in accordance with the provisions of 16.10.15.16 NMAC.

(2) On request, a license may be placed on retired status. There is no charge for this change in status. A retired license is not valid for practice in New Mexico and such license may not subsequently be reinstated. A physician assistant with a retired license who chooses to reinstate the license must re-apply as a new applicant.

(3) A physician assistant may inform the board that he does not wish to renew an active license to practice in New Mexico and will voluntarily allow the license to lapse. There is no charge for this change to voluntarily lapsed status. A voluntarily lapsed license is not valid for practice in New Mexico but may be reinstated in accordance with the provisions of 16.10.15.16 NMAC.

H. Re-instatement within two years. An inactive, lapsed, voluntarily lapsed or suspended license may be placed on active status upon completion of a renewal application in which the applicant has supplied all required fees and proof of current NCCPA certification.

I. Re-instatement after two years. An inactive, lapsed, voluntarily lapsed or suspended license may be placed on active status upon completion of a re-instatement application for which the applicant has supplied all required fees, information and correspondence requested by the board on forms and in a manner acceptable to the board. Applicants may be required to personally appear before the board or the board's designee for an interview.

J. All renewal and reinstatement applications will be subject to a one-time nationwide and statewide criminal history screening.

(1) Renewal and reinstatement applications will be processed pending the completion of the statewide criminal history screening and may be granted while the screening still pending.

(2) If the nationwide or statewide criminal background screening reveals a felony or a violation of the Medical Practice Act, the licensee will be notified to submit copies of legal documents and other related information to the board which will make the determination if the applicant is eligible for licensure or if disciplinary action will be taken.

[16.10.15.16 NMAC - N, 7/15/01; A 10/5/03; A, 8/6/04; A, 7/1/06; A, 9/27/07; A, 9/21/09]

16.10.15.17 SEVERABILITY: If any provision of this rule is determined to be void or illegal by a court of law or other authority, the remainder of the rule shall remain in full force and effect notwithstanding.

[16.10.15.17 NMAC - Rp 16 NMAC 10.15.15, 7/15/01]

16.10.15.18 PROVISIONS FOR PHYSICIAN ASSISTANT LICENSURE DURING A DECLARED DISASTER:

A. Licensing. The board will make accommodations for physician assistants who have been impacted by a major disaster. Based on the nature of the disaster, the extent of the damage, and the number of individuals and institutions that have been affected, the board may waive documentation requirements for any new or pending applications when the disaster delays or prohibits the procuring of the required documents. The board may also waive any required fees for applications submitted after the major disaster. The board will determine the length of time the emergency provisions will be in effect for each major disaster.

B. License expiration. Licenses issued under Subsection A of 16.10.15.18 NMAC shall be valid for not less than three months or more than twenty-seven months. Licenses expire on March 1 of the year following NCCPA expiration. Licenses not renewed by March 1 of the expiration year are considered expired. The board reserves the right to request additional documentation, including but not limited to recommendation forms prior to approving license renewal.

[16.10.15.18 NMAC - N/E, 9/22/05; A, 12/30/05]

16.10.15.19 SERVICES PERFORMED DURING AN EMERGENCY OR DISASTER:

A. The supervision and delegation requirements of 16.10.15.12 NMAC and Sections 61-6-7 through 61-6-10 NMSA 1978 do not apply to medical tasks performed by a physician assistant during a major disaster.

B. A physician assistant may provide medical services and perform tasks described by 16.10.15.12 NMAC and Sections 61-6-7 NMSA 1978 while:

- (1) under the supervision of any physician who is also performing volunteer work in the disaster; or
- (2) without the supervision of a physician, if a physician is not currently available to provide supervision.

C. The physician assistant is responsible for notifying the board of the following information by email, fax or by mail, within 30 days of initiation of the activity:

- (1) the name of the emergency supervising physician(s), if known, or the organization providing oversight;
- (2) a general description of the time period; and
- (3) the location of the emergency duties.

D. There are no limits on the number of physician assistants who may be supervised by the emergency supervising physician.

[16.10.15.19 NMAC - N/E, 9/22/05; A, 12/30/05]

HISTORY of 16.10.15 NMAC:

Pre-NMAC history: Material in this part was derived from that previously filed with the Commission of Public Records - State Records Center and Archives:

NMBME Rule 79-14, Rules and Regulations Governing the Issuance of Certificates of Qualification of Physicians' Assistants, 9/19/79

NMBME Rule 79-15, Rules and Regulations Pertaining to Physicians' Assistants, 9/19/79

NMBME Rule 79-15, Rules and Regulations Pertaining to Physicians' Assistants, 10/4/79

NMBME Rule 79-15, Amendment No. 1, 1/21/81

Rule 86-2, Physician Assistants - Approval of Supervising Physicians, 2/5/86

Rule 89-PA1, Physician Assistant-Definitions, 6/16/89

Rule 89-PA2, Physician Assistants - Qualifications of Physician Assistants, 6/16/89

Rule 89-PA3, Physician Assistant - Registration, 6/16/89

Rule 89-PA4, Physician Assistants - Approval of Supervising Physicians, 6/16/89

Rule 89-PA5, Physician Assistant - Relationship of Physician Assistants to Designated Supervising Physicians, 6/16/89

Rule 89-PA6, Physician Assistants - Scope of Practice, 6/16/89

Rule 89-PA9, Physician Assistants - Physician Assistant Students, 6/16/89

Rule 92-PA6, Physician Assistants - Scope of Practice, 1/14/92

PA Rule 3, Physician Assistant - Registration, 10/27/94

PA Rule 5, Physician Assistant - Relationship of Physician Assistants to Designated Supervising Physicians, 10/27/94

NMAC History:

16 NMAC 10.15, Qualifications and Licensure for Physician Assistants, 3/5/97.

16 NMAC 10.15, Qualifications and Licensure for Physician Assistants, 6/16/98.

History of the Repealed Material:

16 NMAC 10.15, Qualifications and Licensure for Physician Assistant - Repealed, 7/15/01