



New Mexico Medical Board
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Michelle Lujan Grisham
Governor

Peter Beaudette, M.D.
Chair

WHEREAS, the President of the United State has declared a Public Health Emergency in light of the COVID-19 virus and pandemic;

WHEREAS, effective on April 4, 2020, the Governor of the State of New Mexico declared a public health emergency in respect of the State of New Mexico and has issued various Executive Orders designed to slow the spread of the COVID-19 virus and, pursuant to such Executive Orders and the Public Health Emergency Response Act has issued various Public Health Orders that are also designed to slow the spread of the COVID-19 virus;

WHEREAS, despite these Executive and Public Health Orders, the COVID-19 virus continues to spread and is currently spiking in New Mexico and the level of hospitalizations at New Mexico Hospitals is approaching and in certain hospital has reached “Crisis Standards of Care” as defined by the New Mexico Department of Health;

WHEREAS, New Mexico’s “Hub” hospitals have each mobilized their health care workforce to a level that calls on each health care provider to be present and treating patients, even outside the context of their medical specialties in which they typically practice;

WHEREAS, the New Mexico Medical Board believes it is important to adopt certain resolutions and to take certain steps to support the herculean efforts of the New Mexico healthcare workforce to provide care to New Mexicans.

NOW, THEREFORE, BE IT RESOLVED:

For the duration of the current public health emergency, it shall not be considered a violation of any applicable rule or regulation governing the scope of practice for physicians and surgeons, physicians assistants, anesthesia assistants and physician pharmacist clinician supervisors for unprofessional conduct, for the organized medical staff, acting by and through its medical staff executive committee, to authorize and direct the physicians and surgeons, physicians assistants and anesthesia assistants, and physician pharmacist clinician supervisors to serve as COVID-19 Providers and provide health care services to all patients of the hospital where they serve even though the provision of those services may be outside the normal and customary clinical privileges granted to each such COVID-19 Provider.

During the period in which the public health emergency remains in effect, to the extent that the persons and healthcare facilities designated or listed as “COVID-19 Providers” adopt or implement the Crisis Standards of Care, such Crisis Standards of Care can and should be considered by the providers and healthcare facilities designated as “COVID-19 Providers” as “generally accepted health-care standards.