



New  
Mexico  
Association of  
Nurse  
Anesthetists

September 1<sup>st</sup>, 2020

Legislative Health & Human Services Committee  
New Mexico State Capitol  
490 Old Santa Fe Trail,  
Santa Fe, NM 87501

Dear Chairman Senator Ortiz Y Pino and Committee Members,

Thank you for allowing me to explain how you can remove practice barriers for certified registered nurse anesthesiologists (CRNAs) in New Mexico, ensuring continued access to health care in our rural areas of our state. The New Mexico Association of Nurse Anesthetists (NMANA) represents approximately 300 CRNAs in the state of New Mexico. It is imperative CRNAs continue to practice to our full scope of practice, education, training, and national certification. NMANA is seeking an update in the language of the Nurse Practice Act (NPA) to remove antiquated wording and ensure a clean language reflecting our current practice. NMANA has the support of our Board of Nursing in practicing to our full scope of practice and clarifying the language in our NPA. I have attached a letter of support from Dr. Sasha N. Poole, PhD, RN, Executive Director of the New Mexico Board of Nursing supporting our effort .

In 2002, Governor Gary Johnson deemed New Mexico an “Opt-Out” state and exempted CRNAs from CMS physician supervision requirements, stating this act was in the best interest of the citizens, rural communities, and hospitals. Since this declaration 18 years ago, CRNAs have provided health care in an independent manner in our state in all settings, and are proven equal in outcomes for safety with all other models of anesthesia. I have included a copy of this “Opt-out Agreement.”

Many of our rural areas have all-CRNA groups providing health care in our underserved areas. Our rural communities depend on CRNAs to provide general and regional anesthesia for patients in surgery, obstetrics, trauma, pain management, and numerous other areas. CRNAs provide pain management services in rural areas helping to overcome the opioid crisis. Without our ability to continue working independently in this setting our patients would have to travel hours to larger cities to access this essential care.

#### Explanation of Barriers

During the past 18 years, our Nurse Practice Act has continued to contain wording that is antiquated, and we are seeking an update to the NPA dialect to remove any vague language.

I have included the Nurse Practice Act and highlighted two areas: the section that needs clarity and the language our fellow advanced practice registered nurses (APRNs) have in the NPA. The language regarding CRNAs in the NPA should reflect the same type of language all other

APRNs (including midwives and nurse practitioners) have in our document: clean and precise. It is essential all APRNs, not just a few, have clean wording describing the health care we provide to our citizens..

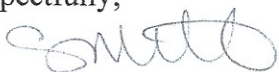
### How You Can Remove Barriers

CRNAs are educated to practice autonomously and are qualified to make independent judgments based on their education, clinical expertise, licensure and certification. Allowing an update of the NPA will continue to allow facilities to choose the model of anesthesia care they desire. It is important, especially during this time of pandemic crisis, all members of the health care team practice to our full potential and work together to overcome this challenge. During the past year, CRNAs played an important role in providing life-saving critical care management for patients impacted by the COVID-19 virus in the Advanced Practice Registered Nurse (APRN) role. CRNAs were on the frontline caring for COVID patients with life-saving efforts such as rapid systems assessment, airway management, ventilatory support, vascular volume resuscitation, triage, emergency preparedness, and resource management in critical areas to support their facilities. We need your support to make our NPA language congruent with our care.

I appreciate your time in considering our request during the upcoming legislative session. Please support our effort to clean up the language in the NPA and provide clarity in our language. CRNAs have been providing safe, cost-effective care for over 150 years, and we were the first anesthesia providers to claim anesthesiology as a specialty.

I am available for zoom meetings, or in-person meetings should our restrictions for COVID 19 lift. I want to ensure that you are able to make a well informed decision this winter when our bill comes before you. This is the time to ask questions and get to know the CRNA profession so you will feel confident in your vote.

Respectfully,



Dr. Shannon M. Allen DNAP, CRNA  
President of New Mexico Association of Nurse Anesthetists  
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16 October 2019

Shannon Allen, DNaP, APRN, CRNA  
President, New Mexico Association of Nurse Anesthetists  
500 Marquette Blvd, NW  
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Albuquerque, NM 87102

Dr. Allen,

Advanced practice registered nurses (APRNs) are educated at the Master's or Doctoral level in a focused program, equipping APRNs to practice independently within their scope of practice. The New Mexico Board of Nursing defines APRN scope of practice as being established by the APRN's educational program preparing the APRN for the role and population focus, and the knowledge and skills verified by the APRN's national certification.


In its regulation of Certified Registered Nurse Anesthetists (CRNAs), the Board of Nursing approaches CRNAs as having full practice authority within their scope of practice as closely as the Board can, considering the current language in the Nursing Practice Act.

The Board of Nursing recognizes the unique realities of New Mexico and the critical shortage of health care professionals, especially in the rural and frontier counties across the state. CRNAs safely fill a vital need for anesthesiology care across the state. The Board of Nursing *supports* CRNAs licensed in New Mexico being permitted to full practice authority, permitting full scope of practice. Agency staff reported this support for the CRNA scope of practice portion of the amendment to the Nursing Practice Act in SB 222 (2019).

The Board of Nursing takes its charge to protect the safety and well-being of the individuals and families who call New Mexico home. The Board of Nursing does not view full practice authority for CRNAs as a risk to the public.

Thank you for your consideration of this important topic.

Respectfully,

  
L. Ann Green, PhD, RN, FNP-BC, GNP-BC  
Chairperson

  
Sasha N. Poole, PhD, RN  
Executive Director



OFFICE OF THE GOVERNOR  
STATE CAPITOL  
SANTA FE, NEW MEXICO 87503

GARY E. JOHNSON  
GOVERNOR

(505) 827-3000

October 30, 2002

The Honorable Thomas Scully, Administrator  
Centers for Medicare and Medicaid Services  
314G Hubert Humphrey Building  
200 Independence Ave., S.W.  
Washington, DC 20201


Dear Mr. Scully:

Pursuant to the rule regarding the anesthesia services condition of participation and as published in the Federal Register on November 13, 2001, I hereby notify you of the State of New Mexico's election for a state exemption from the requirement for physician supervision of CRNA's. Please consider this full notification of New Mexico's election for state exemption.

My office has consulted with the New Mexico Board of Medical Examiners, the New Mexico Board of Nursing and other interested and affected parties regarding this matter. I have concluded that this exemption is consistent with New Mexico state law and is in the best interests of New Mexico's citizens, rural communities and hospitals.

Should you need additional information, please contact me immediately.

Sincerely,

  
Gary E. Johnson  
Governor

GEJ:pkm

— NPA SECTION REGARDING APRN'S

national licensing examination are disseminated by the board office to the examinee, at which time the permit is void and the applicant who has passed the examination may be issued a license to practice.

**History:** 1953 Comp., § 67-2-19.1, enacted by Laws 1977, ch. 220, § 14; 1982, ch. 108, § 4; 1993, ch. 61, § 4; 2003, ch. 276, § 8.

**ANNOTATIONS**

The **2003 amendment**, effective June 20, 2003, in Subsection A, deleted "first available" following "to take the" and added "within the time frame set by rules of the board" at the end.

The **1993 amendment**, effective June 18, 1993, inserted "available" near the end of Subsection A and substituted the language beginning "the examinee" for "the examinees, at which time all permits are void and those applicants who have passed the examination may be issued a license to practice" at the end of Subsection C.

**61-3-23.1. Permit to practice for graduate nursing specialties.**

A one-time, nonrenewable permit may be issued to graduate nurse anesthetists, nurse practitioners and clinical nurse specialists awaiting examination and results in accordance with requirements set forth by the board in the rules and regulations.

**History:** 1978 Comp., § 61-3-23.1, enacted by Laws 1979, ch. 379, § 8; 1991, ch. 190, § 13.

**ANNOTATIONS**

The **1991 amendment**, effective June 14, 1991, substituted "nurse anesthetists, nurse practitioners and clinical nurse specialists" for "nurse specialists" and made minor stylistic changes throughout the section.

**61-3-23.2. Certified nurse practitioner; qualifications; practice; examination; endorsement; expedited licensure.**

A. 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.



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ADVANCED PRACTICE NURSES

B. 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 [Chapter 30, Article 31 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.

C. Certified nurse practitioners 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.

D. 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 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 [Chapter 61, Article 11 NMSA 1978] and the New Mexico Drug, Device and Cosmetic Act [Chapter 26, Article 1 NMSA 1978].

E. 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.

F. From July 1, 2014 through June 30, 2019, upon a determination by the board that an application is complete and approved, the board shall issue a license to a certified nurse practitioner licensed in another state if the applicant meets the qualifications required of certified nurse practitioners in this state. The board shall expedite the issuance of the license within five business days.

**History:** 1978 Comp., § 61-3-23.2, enacted by Laws 1991, ch. 190, § 14; 1993, ch. 61, § 5; 1997, ch. 244, § 14; 2001, ch. 137, § 8; 2014, ch. 3, § 3.

**ANNOTATIONS**

**Cross references.** — For drug prescriptive, distributing and administering authority of certified nurse midwives, see 24-1-4.1 NMSA 1978.

**The 2014 amendment,** effective July 1, 2014, provided for the expedited licensure for nurses licensed in other states; in the catchline, added "expedited licensure"; and added Subsection F.



**The 2001 amendment**, effective June 15, 2001, inserted "endorsement" in the section heading; deleted "graduate" preceding "program" in Paragraph A(2); in Subsection B, substituted "practice independently and make decisions" for "make independent decisions" in Paragraph (2) and added Paragraph (3); and in Subsection C, deleted the final sentence, which defined "prescriptive authority".

**The 1997 amendment**, effective June 20, 1997, added the proviso at the end of Subsection A(2), substituted "prescriptive authority" for "prescribing drugs" near the beginning of Subsection D, inserted "national professional" preceding "certification" near the end of the first sentence in Subsection E, substituted "advanced" for "expanded" and "licensed" for "endorsed" throughout the section, and made minor stylistic changes.

**The 1993 amendment**, effective June 18, 1993, rewrote Subsections B and C; substituted "including controlled substances included in Schedules II through V of" for "other than controlled substances as defined in" and deleted "unit" preceding "doses of drugs" in Subsection D; and deleted former Subsection F, defining "collaboration".

### **61-3-23.3. Certified registered nurse anesthetist; qualifications; licensure; practice; endorsement; expedited licensure.**

A. The board may license for advanced practice as a certified registered nurse anesthetist an applicant who furnishes evidence satisfactory to the board that the applicant:

- (1) is a registered nurse;
- (2) has successfully completed a nurse anesthesia education program accredited by the council on accreditation of nurse anesthesia education programs; 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 a master's level or higher; and
- (3) is certified by the council on certification of nurse anesthetists.

B. A certified registered nurse anesthetist may provide preoperative, intraoperative and postoperative anesthesia care and related services, including ordering of diagnostic tests, in accordance with the current American association of nurse anesthetists' guidelines for nurse anesthesia practice.

C. Certified registered nurse anesthetists shall function in an interdependent role as a member of a health care team in which the medical care of the patient is directed by a licensed physician, osteopathic physician, dentist or podiatrist licensed in New Mexico pursuant to Chapter 61, Article 5A, 6, 8 or 10 NMSA 1978. The certified registered nurse anesthetist shall collaborate with the licensed physician, osteopathic physician, dentist or podiatrist concerning the anesthesia care of the patient. As used in this subsection, "collaboration" means the process in which each health care provider contributes the health care provider's respective expertise. Collaboration includes systematic formal planning and evaluation between the health care professionals involved in the collaborative practice arrangement.

D. A certified registered nurse anesthetist who has fulfilled the requirements for prescriptive authority in the area of anesthesia practice is authorized to prescribe and

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administer therapeutic measures, including dangerous drugs and controlled substances included in Schedules II through V of the Controlled Substances Act [Chapter 30, Article 31 NMSA 1978] within the emergency procedures, perioperative care or perinatal care environments. Dangerous drugs and controlled substances, pursuant to the Controlled Substances Act, 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 [Chapter 61, Article 11 NMSA 1978] and the New Mexico Drug, Device and Cosmetic Act [Chapter 26, Article 1 NMSA 1978] may be prescribed and administered.

E. A certified registered nurse anesthetist who has fulfilled the requirements for prescriptive authority in the area of anesthesia practice may prescribe in accordance with rules, regulations and guidelines. The board shall adopt rules concerning a prescriptive authority formulary for certified registered nurse anesthetists that shall be based on the scope of practice of certified registered nurse anesthetists. The board, in collaboration with the New Mexico medical board, shall develop the formulary. Certified registered nurse anesthetists who prescribe shall do so in accordance with the prescriptive authority formulary.

F. From July 1, 2014 through June 30, 2019, upon a determination by the board that an application is complete and approved, the board shall issue a license to a certified registered nurse anesthetist licensed in another state if the applicant meets the qualifications required of certified registered nurse anesthetists in this state. The board shall expedite the issuance of the license within five business days.

G. A health care facility may adopt policies relating to the providing of anesthesia care.

H. A certified registered nurse anesthetist licensed by the board shall maintain this certification with the American association of nurse anesthetists' council on certification.

**History:** 1978 Comp., § 61-3-23.3, enacted by Laws 1991, ch. 190, § 15; 1997, ch. 244, § 15; 2001, ch. 137, § 9; 2014, ch. 3, § 4.

#### ANNOTATIONS

**Cross references.** — For the New Mexico medical board, see 61-6-2 NMSA 1978 et seq.

For the Anesthesiologist Assistants Act, see 61-6-10.1 NMSA 1978 et seq.

**The 2014 amendment,** effective July 1, 2014, provided for the expedited licensure for nurses licensed in other states; in the catchline, added "expedited licensure"; and added Subsection F.

**The 2001 amendment,** effective June 15, 2001, inserted "endorsement" in the section heading; in Subsection A, substituted "council on the accreditation of nurse anesthesia education programs" for "American association of nurse anesthetists' council on accreditation" in Paragraph (2) and substituted "council on certification of nurse anesthetists" for "American association of nurse anesthetists" in Paragraph (3); inserted "including ordering of diagnostic tests" in Subsection B; rewrote Subsection C; and added Subsections D through G.

**The 1997 amendment,** effective June 20, 1997, substituted "licensure" for "endorsement" in the section heading, substituted "may license for advanced" for "may endorse for expanded" at the beginning of