

(4) Hematologic disease;

ii. Documented problems in past maternal obstetrical history:

(1) Parity of six or more;

(2) Previous cesarean delivery;

(3) Surgery involving the uterine wall;

(4) Previous placental abruption;

(5) Previous significant postpartum hemorrhage; or

(6) Preterm labor; or

iii. Documented problems in present maternal obstetrical history:

(1) Any recent history or visible evidence of genital herpes;

(2) Gestational diabetes;

(3) No prenatal care prior to the 28th week;

(4) Maternal age less than 16 years or more than 35 years; or

(5) Significantly abnormal PAP smear.

7. For all patients classified within Schedule "B", the affiliated physician or his or her designee shall be available for consultation during hours of prenatal visits. The physician shall evaluate the management plan and current status of the Schedule "B" patient at least once each trimester. The plan shall be reviewed and revised as necessary by the physician/CNM team.

8. The patient at risk shall receive all scheduled prenatal care in a licensed ambulatory care clinic, a licensed hospital clinic or a professional office.

#### 13:35-2A.8 Care of intrapartum women at risk

(a) The CNM may participate in the management of labor and delivery of patients in the following circumstances, providing the physician is readily available:

1. Abnormal fetal heart rate tracing responsive to conservative measures;

2. Premature labor at less than 37 weeks, but more than 34 weeks with appropriate pediatric coverage;

3. Premature rupture of membranes more than 24 hours before onset of regular contractions;

4. Failure to progress normally in labor;

5. Assessment of infant less than 2,000 gms or more than 4,000 gms;

6. Vaginal birth after previous cesarean delivery;

7. Soft tissue problems such as severe vulvar varicosities or marked edema of the cervix; or

8. Pitocin infusion.

(b) The CNM may participate in the management of the labor and delivery of patients in the following circumstances, providing the physician is present in the hospital:

1. Development of pregnancy-induced hypertension or signs of preeclampsia;

2. Evidence of active infection;

3. Premature labor at less than 34 weeks; or

4. Significant meconium staining.

(c) Conditions which require immediate physician presence in the delivery suite include, but are not limited to, the following:

1. Abnormal fetal heart rate tracing unresponsive to conservative measures;

2. Prolapse of the cord;

3. Intrapartum hemorrhage;

4. Severe medical/surgical problems;

5. Need for cesarean section/forceps delivery;

6. Multiple gestation;

7. Malpresentation; or

8. Any other condition requiring operative intervention.

#### 13:35-2A.9 Certified Nurse Midwife Liaison Committee

(a) A Certified Nurse Midwife Liaison Committee shall be established by the Board of Medical Examiners. The Committee shall consist of six members who shall serve as consultants to the Board and who shall be appointed by the Board. The Committee shall include at least three certified nurse midwives and at least two physicians, one of whom shall be a member of the Board of Medical Examiners and one of whom shall be Board-certified by the American Board of Obstetrics and Gynecology. The Committee shall meet no less than four times per year but may meet more frequently as needed.

(b) Functions of the Committee shall include, but are not limited to, the following:

1. Advising and assisting the Board in the evaluation of applicants for certified nurse-midwifery registration and applicants for prescriptive authorization, investigation of unlawful conduct and approval of professional training programs;

2. Advising and assisting the Board in establishing a formulary of drugs that may be ordered, administered, dispensed or prescribed by CNMs;

3. Periodic and ongoing review of the appropriateness and viability of all rules concerning CNM practice in the

State of New Jersey, specifically to include (but not necessarily limited to) periodic review of the categorizations of at risk patients set forth within N.J.A.C. 13:35-2A.7 and 2A.8. In the event the Committee should determine that any changes in any regulations or in any schedules within said rules are appropriate, the Committee may report said recommendations to the Board and may recommend that the Board seek to revise the rules accordingly; and

4. Ongoing review of CNM practice in the State of New Jersey.

Amended by R.1994 d.170, effective April 4, 1994.  
See: 25 N.J.R. 4583(a), 26 N.J.R. 1520(a).

**13:35-2A.10 Limited privileges and conditions of practice permitted for a graduate nurse midwife pending results of certifying examination and licensure**

(a) A graduate of a program of nurse midwifery approved by the American College of Nurse Midwives and by the Board of Medical Examiners of this State, who is awaiting results of the A.C.N.M. certifying examination, and who demonstrates satisfaction of all requirements of N.J.A.C. 13:35-2.6 other than attainment of a passing grade on said examination, may enroll in a preceptorship program in certain New Jersey licensed health care facilities upon compliance with all provisions of this section.

(b) The graduate shall file a complete application for registration with the Board, including payment of the registration examination fee and a proposal of acceptance in a preceptorship program.

(c) The proposal shall include sufficient information to demonstrate to the satisfaction of the Board the following:

1. The preceptorship program is established in association with an ongoing nurse midwifery service in a licensed hospital or clinic, and is approved by the Board of Trustees responsible for the facility and the institutional midwifery training program is approved by the A.C.N.M.

2. The preceptorship is under the direct supervision of the nurse midwifery service director, who agrees to be responsible for selection of graduates and preceptors; development; implementation and evaluation of the program; and provision of preceptor's evaluation of the participants.

3. The program provides that the graduate shall work only under the direct personal on-site supervision of a duly registered C.N.M. or a duly licensed physician of this State.

4. The graduate shall wear a name tag identifying such person by name as a graduate nurse-midwife.

(d) The Board shall issue a certificate which shall state the limited nature of the authorization to practice. The certificate shall be surrendered on the date the graduate is accepted for registration as a C.N.M. in this State. The certificate shall expire automatically on the date the nurse-midwife is notified of failure on the examination taken, or after six months, following its date of issuance, whichever date is later. The certificate may be renewed for one additional six-month period, for good cause shown to the Board.

(e) A graduate requesting the extension of the certificate period due to failure of the A.C.N.M. certifying examination shall submit for Board review and approval a recommendation from the facility director which includes a detailed program of increased supervision in the areas of the graduate's deficiency as demonstrated by the graduate's filed examination and clinical experience and proof that the graduate has registered to take a subsequent examination scheduled within the next six months.

R.1984 d.245, effective June 18, 1984.  
See: 16 N.J.R. 685(a), 16 N.J.R. 1612(a).  
Recodified from 13:35-2.14 by R.1992 d.332, effective September 8, 1992.  
See: 23 N.J.R. 3632(a), 24 N.J.R. 3094(a).

**13:35-2A.11 Prescriptive authorization**

(a) A CNM who is currently registered with the Board of Medical Examiners may apply for authorization to prescribe drugs (as used within this section, the term "drugs" shall include drugs, medicine and devices). The CNM shall make application on forms prescribed by the Board and shall demonstrate:

1. Current registration with the Board;
2. A.C.N.M. or A.C.C. certification in good standing; and
3. Evidence of satisfactory completion of a minimum of 30 contact hours (as defined by the National Task Force on the Continuing Education Unit) in pharmacology or a pharmacology course in an accredited institution of higher education approved by the Commission on Higher Education or acceptable to the Board (hereinafter, "qualifying education"). Qualifying education must have been obtained within the two years immediately preceding the date on which the application is made.

(b) Prescriptive authorization obtained pursuant to (a) above shall be valid for a period of two years. In order to renew prescriptive authorization, a CNM shall make application for renewal on forms prescribed by the Board and shall demonstrate:

1. Current registration with the Board;
2. A.C.N.M. or A.C.C. certification in good standing; and

3. Evidence of the satisfactory completion of seven contact hours (as defined by the National Task Force on the Continuing Education Unit) of continuing education, or equivalent education, in pharmacology and drug management (hereinafter "continuing education"). Continuing education must have been obtained within the two-year period immediately preceding the date of the renewal application.

(c) The Board has established a formulary of drugs which may be ordered, administered, prescribed or dispensed by CNMs who have prescriptive authorization. The formulary shall be reviewed, amended if deemed necessary, and published periodically. The formulary consists of:

Analgesics (IV\*\*, IM\*\*, PO\*\*)

Narcotics\*\*

Non-narcotic

Anesthetics

Injectable (Local/Pudendal)

Topical

Antacids

Antihelmintics (Topical)

Antibacterials (IV\*\*, IM, PO, Topical)

Antiseptics (IV\*\*, IM, PO, Topical)

Antibiotics (IV\*\*, IM, PO, Topical)

Antihistamines

Antivirals

Anti-Emetics

Barbiturates (IV\*\*, IM\*\*, PO\*\*)

Contraceptives hormonal

Devices

Topical

Barriers

Cough and Cold Preparations

Non-narcotic

Fungicides (Topical)

Hematinics

Hemorrhoidal Preparations

Hormones

Laxatives

Mineral Supplements

Oxytocics (IV, IM, PO, Topical)

Parenteral Fluids\*\*

Pre-Eclamptic Drugs\*\*

Prostaglandin Gels\*\*

RH—Immune Globulin

Stool Softeners

Tocolytics-Parenteral\*\* (PO)

Topical

Moisturizers

Cleansers

Therapeutic Shampoo/lotion/cream

Steroids

Vaccines

Vaginal Preparations

Vitamins

(d) A CNM who is authorized to prescribe drugs may prescribe only those drugs which are specified within the formulary of drugs established by the Board. In no case may the written agreement with a licensed physician that CNM is required to maintain pursuant to N.J.A.C. 13:35-2A.3 include any substance or device not specified within the formulary.

(e) A CNM's authorization to prescribe drugs, medicine, or devices may, upon notice and an opportunity for a hearing pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq., be revoked or otherwise limited by the Board if the CNM:

1. Fails to maintain current licensure and registration with the Board;
2. Fails to maintain A.C.N.M. or A.C.C. certification in good standing;
3. Uses prescriptive authorization for other than therapeutic purposes;
4. Uses prescriptive authorization to prescribe substances or devices not included within the formulary of drugs established by the Board; or
5. Uses prescriptive authorization to prescribe substances or devices not specified within any written agree-

ment maintained pursuant to N.J.A.C. 13:35-2A.3 or for purposes not intended within any written agreement.

(f) A CNM shall provide the following on all prescription blanks:

1. The CNM's full name, identification of professional practice, license number, prescriptive authorization number, address and telephone number. This information shall be printed or stamped on all prescription blanks;
2. The affiliated physician's full name, printed or stamped;
3. The full name, age and address of the patient;
4. The date of the issuance of the prescription;
5. The name, strength and quantity of drug or drugs to be dispensed and route of administration;
6. Adequate instruction for the patient. A direction of "p.r.n." or "as directed" alone shall be deemed an insufficient direction;
7. The number of refills permitted or time limit for refills, or both;
8. The signature of the prescriber, hand-written; and
9. Every prescription blank shall be imprinted with the words "substitution permissible" and "do not substitute" and shall contain space for the CNM's initials next to the chosen option, in addition to the space required for the signature in (f)8 above.

\*\* Administered in Licensed Health Care Facilities only.

New Rule, R.1994 d.170, effective April 4, 1994.

See: 25 N.J.R. 4583(a), 26 N.J.R. 1520(a).

Amended by R.1999 d.356, effective October 18, 1999.

See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).

In (a)3, substituted a reference to the Commission on Higher Education for a reference to the Department of Higher Education in the first sentence, and deleted an exception at the end of the last sentence.

## SUBCHAPTER 2B. LIMITED LICENSES: PHYSICIAN ASSISTANTS

### 13:35-2B.1 Purpose and scope

(a) The rules in this subchapter implement the provisions of the Physician Assistant Licensing Act, P.L. 1991, c.378, as amended by P.L. 1992, c.102.

(b) This subchapter shall apply to all physician assistants licensed pursuant to the provisions of this subchapter and to anyone within the jurisdiction of the Physician Assistant Advisory Committee.

### 13:35-2B.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicated otherwise:

"Board" means the State Board of Medical Examiners.

"Committee" means the Physician Assistant Advisory Committee.

"Direct supervision" means supervision by a plenary licensed physician which shall meet all of the conditions established in N.J.A.C. 13:35-2B.10(b) or N.J.A.C. 13:35-2B.15, as applicable.

"Director" means the Director of the Division of Consumer Affairs.

"Licensee" means a physician assistant licensed pursuant to this subchapter.

"Licensed personnel" means health care practitioners licensed in the State of New Jersey to perform specific duties in the health care field.

"Physician" means a person who holds a current, valid license to practice medicine and surgery in this State.

"Physician assistant" means a person who holds a current, valid license to practice as a physician assistant in this State.

"Physician designee" means a plenary licensed physician who is assigned by the supervising physician in case of his or her temporary absence and whose scope of practice encompasses the duties assigned to a physician assistant.

"Supervising physician" means a plenary licensed physician in good standing who, pursuant to N.J.S.A. 45:9-27.18, engages in the direct supervision of physician assistants whose duties shall be encompassed by the supervising physician's scope of practice.

Amended by R.1995 d.423, effective August 7, 1995.

See: 27 N.J.R. 1526(a), 27 N.J.R. 2959(a).

### 13:35-2B.3 Practice requirements

(a) A licensee may engage in clinical practice in any medical care setting provided that:

1. The licensee is under the direct supervision of a physician pursuant to the provisions of N.J.A.C. 13:35-2B.10;

2. The licensee limits his or her practice to those procedures authorized pursuant to N.J.A.C. 13:35-2B.4;

3. Upon initial involvement in a patient's course of care or treatment, the licensee or the supervising physician advises the patient that authorized procedures are to be performed by the physician assistant;