CHAPTER 35

BOARD OF MEDICAL EXAMINERS

Authority

N.J.S.A. 45:9–2.

Source and Effective Date

R.1999 d.356, effective September 20, 1999.
See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).

Executive Order No. 66(1978) Expiration Date

Chapter 35, Board of Medical Examiners, expires on September 20, 2004.

Chapter Historical Note

Chapter 35, Board of Medical Examiners, was filed and became effective prior to September 1, 1969.

Chapter 35, Board of Medical Examiners, was repealed and Chapter 35, Board of Medical Examiners, was adopted as new rules by R.1983 d.314, effective August 1, 1983. See: 15 N.J.R. 503(a), 15 N.J.R. 1255(a).

Subchapter 7, Chiropractic Practice, was adopted as R.1984 d.533, effective November 19, 1984. See: 16 N.J.R. 686(a), 16 N.J.R. 3208(a).

Pursuant to Executive Order No. 66(1978), Chapter 35, Board of Medical Examiners, was readopted as R.1989 d.532, effective September 21, 1989. See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).

Subchapter 6A, Declarations of Death upon the Basis of Neurological Criteria, was adopted as R.1992 d.309, effective August 3, 1992. See: 23 N.J.R. 3635(a), 24 N.J.R. 2731(c).

Subchapter 2A, Limited Licenses: Certified Nurse Midwifery, was adopted as R.1992 d.332, effective Subchapter 8, 1992. See: 23 N.J.R. 3632(a), 24 N.J.R. 3094(a).

Subchapter 9, Acupuncture, was adopted as R.1993 d.299, effective June 21, 1993. See: 24 N.J.R. 4013(a), 25 N.J.R. 2689(c).

Subchapter 10, Athletic Trainers, was adopted as R.1993 d.546, effective November 1, 1993. See: 25 N.J.R. 265(a), 25 N.J.R. 4935(a), 26 N.J.R. 483(a).

Pursuant to Executive Order No. 66(1978), Chapter 35, Board of Medical Examiners, was readopted as R.1994 d.522, effective September 19, 1994, and Subchapter 7, Chiropractic Practice, was repealed by R.1994 d.522, effective October 17, 1994. See: 26 N.J.R. 2526(a), 26 N.J.R. 4195(a).

Subchapter 2B, Limited Licenses: Physician Assistants, was adopted as R.1994 d.538, effective November 7, 1994. See: 25 N.J.R. 5099(b), 26 N.J.R. 4411(b).

Subchapter 11, Alternate Resolution Program, was adopted as R.1995 d.339, effective June 19, 1995. See: 27 N.J.R. 1363(a), 27 N.J.R. 2412(a).

Subchapter 7, Prescription, Administration and Dispensing of Drugs, was adopted as R.1997 d.475, effective November 3, 1997. See: 29 N.J.R. 842(a), 29 N.J.R. 4706(a).

Subchapter 4A, Surgery, Special Procedures, and Anesthesia Services Performed in an Office Setting, was adopted as R.1998 d.294, effective June 15, 1998. See: 29 N.J.R. 2238(a), 30 N.J.R. 2236(b).

Petition for Rulemaking. See: 30 N.J.R. 740(c), 1642(a).

Pursuant to Executive Order No. 66(1978), Chapter 35, Board of Medical Examiners, was readopted as R.1999 d.356, effective September 20, 1999. See: Source and Effective Date. See, also, section annotations.

Law Review and Journal Commentaries

How New Jersey Regulates Doctors. Theodosia Tamborlane, 132 N.J.L.J. No. 15, S24 (1992).

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SUBCHAPTER 1. MEDICAL SCHOOLS, COLLEGES, EXTERNSHIPS, CLERKSHIPS AND POST-GRADUATE WORK

13:35–1.1 Observership program

(a) "Observer" shall mean an undergraduate medical student of an allopathic or osteopathic school accredited either by the Liaison Committee on Medical Education or the American Osteopathic Association or a foreign medical school listed in the World Health Organization Directory and whose graduates are accepted by the New Jersey Board of Medical Examiners as eligible to sit for the licensure examination. Observerships are limited to the student's vacation period in an extra-curricular professional experience as delineated in this section.

(b) An observership program shall be limited to:

1. Observation of operative procedures;

2. The taking of histories;

3. The performance of physical examinations;

4. The performance of non-invasive procedures under the direct supervision of and in the immediate presence of the supervising licensed physician; and

5. The participation in patient rounds and other organized patient care activities of the supervising physician.

(c) At no time shall the observer be delegated any responsibility for the care of the patient, the patient's diagnosis or any aspect of the patient's treatment, including the prescription of medication for the patient. An observer shall make no entries on the patient's permanent record.

(d) The observer shall at all times of patient contact wear an identifying badge inscribed "Medical Student."

(e) Prior to commencing participation in an observership program, the student shall have obtained written permission from the Chief of Staff and the Administration of the participating hospital and shall retain such letter.

(f) Under no circumstances shall the performance of any of the duties listed in (b) above by an observer, while engaged in such a program, be construed as the practice of medicine.

(g) The time spent in an observership program shall not be considered as part of or credited toward fulfillment of any statutory academic or clinical requirements for licensure.

Amended by R.1999 d.356, effective October 18, 1999.
See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).
Substituted references to observers for references to externs and substituted references to observerships for references to externships throughout; in (a), substituted "delineated in this section" for "hereafter delineated" at the end; and in (f), substituted "duties listed in (b) above" for "above duties" following "any of the".

13:35–1.2 Fifth Pathway

(a) The Board shall accept application for licensure from an applicant who does not meet the usual statutory prerequisites for educational background, in the following circumstances to be known as the Fifth Pathway:

1. The applicant has completed the entirety of the academic curriculum in residence at a medical school in a foreign country located outside of the United States, Puerto Rico or Canada or in a school-authorized clinical training program;

2. The medical school was approved throughout the applicant's period of education by the government of the country of domicile to confer the degree of Doctor of Medicine and Surgery or its equivalent, and was listed in the World Health Organization Directory;

3. The applicant has satisfactorily completed all the requirements for a matriculated student of that foreign medical school to receive a diploma, except for internship and/or social service;

4. The applicant has achieved a passing score on a screening examination acceptable to the Educational Commission on Foreign Medical Graduates (ECFMG) even though not eligible for ECFMG certification; and

5. The applicant has had his or her academic record reviewed and approved by a medical school approved by the Liaison Committee on Medical Education, which school has accepted the applicant in a one-academic-year program of supervised clinical training under its direction, and the applicant has satisfactorily completed that program as evidenced by receipt of a certificate issued by the sponsoring medical school.

(b) The applicant meeting the requirements in (a) shall thereafter be deemed by the Board to be eligible to enter a graduate training program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). Upon satisfactory completion of the three years of post-graduate training required by N.J.A.C. 13:35–3.11, the applicant may apply for licensure in this State.

Amended by R.1989 d.532, effective October 16, 1989.
See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).
Rule deleted and replaced with new text.

13:35–1.3 Postgraduate training

Postgraduate training shall be taken under the auspices of a hospital or hospitals accredited for such training by the Accreditation Council for Graduate Medical Education (ACGME) or by the American Osteopathic Association (AOA) or by the American Podiatric Medical Association (APMA), as applicable to the profession. The program shall further be acceptable to the Board, which shall take into account the standards adopted by the Advisory Graduate Medical Education Council (AGMEC).

Amended by R.1989 d.532, effective October 16, 1989.
See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).
Rule deleted and replaced with new text.

Case Notes

Reasonable regulation of advertising. Att'y Gen. Form Op. No. 20 (1977).

13:35–1.4 Military service in lieu of M.D. or D.O. internship or postgraduate training

The Board may grant a license to practice medicine and surgery to any person who shall furnish proof, satisfactory to the Board, that such person has fulfilled all of the formal requirements established by law, and who has served at least two years in active military service in the United States Army, Air Force, Navy, Marine Corps, Coast Guard or the U.S. Public Health Service as a commissioned officer and physician and surgeon in a medical facility which the Board determines constitutes the substantial equivalent of the approved internship or residency training program required by law; provided, however, that such military service actively occurred subsequent to graduation from an approved medical school.

Amended by R.1989 d.532, effective October 16, 1989.
See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).
Reference to N.J.S.A. deleted and replaced with word "law".

13:35–1.5 Registration and permit requirements for graduate medical education programs in medicine or podiatry

(a) The following words and terms shall have the following meanings unless the context in this section indicates otherwise:

"Applicant" means a graduate of a medical or podiatric school, unlicensed in this State, seeking authorization to engage in the practice of medicine or podiatry as a resident in a graduate medical education program. A registration applicant is seeking authorization to participate in the first year of a graduate medical education program. A permit applicant is seeking authorization to participate in his or her second year (or beyond) of a graduate medical education program.

12. Be fully responsible for the reasonableness of the fee charged.

(r) Consistent with N.J.A.C. 13:35–6.17(c), a consulting practitioner shall not request or receive, offer or pay, directly or indirectly, any form of remuneration from the practitioner/professional office for accepting a referral of a patient.

1. A referring practitioner shall not request or receive, offer or pay, directly or indirectly, any form of remuneration from the consulting practitioner for providing a referral.

2. A practitioner shall not request or receive any form of remuneration from the company providing testing equipment or technicians to that practitioner or to his or her office, whether in the form of a shared fee, or for "rent" (whether on premises or off-premises) or for "administrative services" or under any other description.

3. A referring or consulting practitioner shall not be deemed an independent contractor to anyone associated with the testing of a specific patient; thus, the bill, if any, for any component of the testing shall be submitted solely in the name of the referring or consulting practitioner, as applicable.

(s) A practitioner who transmits diagnostic test data/records for interpretation by a consultant who is not a licensee of the Board shall assure that advance written consent for such interpretation service by such consultant has been obtained from the patient/third party payor.

New Rule, R.1999 d.70, effective March 1, 1999.
See: 30 N.J.R. 3751(a), 31 N.J.R. 659(a).
Amended by R.2001 d.43, effective February 20, 2001.
See: 32 N.J.R. 19(a), 33 N.J.R. 670(a).
In (a), added "Diagnostic office", "Screening office", and "Screening test"; added (d) through (s).
Administrative correction.
See: 33 N.J.R. 1203(a).

13:35–2.7 (Reserved)

Amended by R.1989 d.532, effective October 16, 1989.
See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).
Deleted qualification of 2 years Obstetrical clinical experience.
Repealed by R.1992 d.332, effective September 8, 1992.
See: 23 N.J.R. 3682(a), 24 N.J.R. 3094(a).
Section was "Qualifications".

13:35–2.8 (Reserved)

Repealed by R.1992 d.332, effective September 8, 1992.
See: 23 N.J.R. 3682(a), 24 N.J.R. 3094(a).
Section was "Minimum conditions of practice".

13:35–2.9 (Reserved)

Repealed by R.1992 d.332, effective September 8, 1992.
See: 23 N.J.R. 3682(a), 24 N.J.R. 3094(a).
Section was "Minimum standards for C.N.M. and lay midwife practice during prenatal stages".

13:35–2.10 (Reserved)

Repealed by R.1992 d.332, effective September 8, 1992.
See: 23 N.J.R. 3682(a), 24 N.J.R. 3094(a).
Section was "Management by a physician C.N.M. team for high-risk patients".

13:35–2.11 (Reserved)

Repealed by R.1992 d.332, effective September 8, 1992.
See: 23 N.J.R. 3682(a), 24 N.J.R. 3094(a).
Section was "Intrapartum management".

13:35–2.12 (Reserved)

Repealed by R.1992 d.332, effective September 8, 1992.
See: 23 N.J.R. 3682(a), 24 N.J.R. 3094(a).
Section was "Postpartum and other care".

13:35–2.13 Limited privileges and conditions of practice permitted for a graduate physician pending licensure

(a) Persons who are graduates of medical schools recognized by the Board may commence a period of supervised post-graduate training in a licensed hospital with an Accreditation Council on Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) approved residency training program in this State immediately upon graduation. A training period commencing prior to the start of a formal ACGME or AOA approved post-graduate year term shall not exceed six months and shall be documented in the hospital record.

(b) Persons who are graduates of foreign medical schools recognized by the Board but who are not yet deemed eligible for licensure in this State because of the requirements of N.J.S.A. 45:9–8 and N.J.A.C. 13:35–3.11 may sit for the USMLE Step 3 upon completion of one year of approved post-graduate training and satisfaction of all other requirements of N.J.S.A. 45:9–1 et seq. and N.J.A.C. 13:35–3.1.

R.1984 d.138, effective April 16, 1984.
See: 16 N.J.R. 216(a), 16 N.J.R. 920(a).
Amended by R.1994 d.522, effective October 17, 1994.
See: 26 N.J.R. 2526(a), 26 N.J.R. 4195(a).

13:35–2.14 (Reserved)

R.1984 d.245, effective June 18, 1984.
See: 16 N.J.R. 685(a), 16 N.J.R. 1612(a).
Repealed by R.1992 d.332, effective September 8, 1992.
See: 23 N.J.R. 3682(a), 24 N.J.R. 3094(a).
Old section "Reserved" recodified to 13:35–2A.10. Section was "Limited privileges and conditions of practice permitted for a graduate nurse midwife pending results of certifying examination and licensure".

SUBCHAPTER 2A. LIMITED LICENSES: CERTIFIED NURSE MIDWIFERY

13:35–2A.1 Certified Nurse Midwife practice

(a) A Certified Nurse Midwife ("CNM") shall mean a registered professional nurse licensed in the State of New

Jersey who, by virtue of added knowledge and skill gained through an organized program of study and clinical experience, is qualified to manage the care of women and/or newborns during the antepartum, intrapartum and postpartum periods and to provide well-woman health care as expressly limited and set forth below.

(b) A CNM shall maintain current registration with the Board of Medical Examiners (hereinafter the "Board") in order to discharge those responsibilities set forth in this subchapter.

(c) The CNM shall not work alone (that is, in an individual or independent practice) but shall function within a health care system which provides for consultation, collaborative management and referral with a physician licensed to practice medicine and surgery in the State of New Jersey.

13:35–2A.2 Qualifications

(a) A CNM shall demonstrate the following qualifications in order to be registered by the Board:

1. A diploma from a legally chartered school of nurse midwifery accredited by the American College of Nurse Midwives (hereinafter, the "ACNM");

2. Current registration as a professional nurse in the State of New Jersey;

3. Certification by the ACNM or the American College of Nurse Midwives Certification Council (the "ACC") and evidence of continuing competency as required by the ACNM; and

4. Proof of age of at least 18 years.

13:35–2A.3 Minimum conditions of practice

(a) The CNM shall establish written agreements with one or more physicians licensed in the State of New Jersey (hereinafter, the "affiliated physician(s)") who practice obstetrics and/or gynecology and who have hospital privileges in obstetrics and/or gynecology. The written agreements shall delineate the scope of practice of the CNM. In no instance, however, may the scope of practice of the CNM in any way exceed the scope of practice of the affiliated physician (as limited by the physician's privileges). All agreements shall include a written protocol setting forth:

1. All procedures and routine orders, including specific tests and treatment regimens, to be performed or provided by the CNM;

2. The circumstances under which consultation, co-management, referral and transfer of care of women and/or newborns between the CNM and the affiliated physician are to take place, and the mechanics by which each is to occur;

3. A list of all medications the CNM may dispense, administer, order and/or prescribe. Under no circumstances may the agreement provide for the use of controlled dangerous substances outside of a licensed hospital except upon prescription of the physician; and

4. A schedule setting forth or a mechanism for determining the availability of the physician (or a designated qualified substitute physician responsible for back-up care) for consultation and emergency assistance or medical management when needed.

(b) The CNM shall file with the Board a notice listing the name(s) and address(es) of the affiliated physician(s) with whom the CNM establishes written agreements and the effective date of the agreement(s) at the time of application for registration with the Board. In the event of any change of physician(s), the CNM shall notify the Board in writing within seven days of the change.

(c) The CNM shall participate in periodic conferences with the affiliated physician for review of patient records and for quality assurance.

(d) The CNM shall demonstrate a satisfactory peer review by a Peer Review Committee of the ACNM.

(e) The CNM shall function in accordance with the published Standards for the Practice of Nurse–Midwifery of the ACNM.

13:35–2A.4 Normal antepartum management

(a) Certified Nurse Midwife practice during normal antepartum stages shall include, but is not necessarily limited to, the following:

1. The CNM may order medical, therapeutic and diagnostic measures for women not classified as being at risk (see N.J.A.C. 13:35–2A.7) in accordance with the CNM protocol;

2. The CNM may administer, dispense, order and/or prescribe medications provided said medications are included within the list of approved medications in the CNM protocol; and

3. The CNM shall consult, refer or collaborate with the affiliated physician in situations where women present with significant medical problems in accordance with the CNM protocol.

13:35–2A.5 Normal intrapartum management

(a) Certified Nurse Midwife practice during normal intrapartum periods shall include, but is not necessarily limited to, the following:

1. The CNM may manage the labor and delivery of the patient not classified as being at risk (see N.J.A.C. 13:35–2A.8) at any location as long as such management is in accordance with mutually agreed upon protocols that comply with both the published standards of the ACNM and current practice standards. These protocols shall include the medical, therapeutic and diagnostic measures that may be utilized by the CNM;

2. The CNM shall perform immediate screening of the newborn. When necessary, the CNM shall initiate immediate resuscitation of the newborn. In accordance with the written protocol with the affiliated physician, the CNM shall refer problems with the newborn to a physician. When practicing outside the hospital setting, the CNM shall establish a written protocol for transfer of the newborn to a hospital;

3. When labor and delivery take place at the home, the CNM may use a local anesthetic and may perform and repair episiotomies; and

4. When labor and delivery take place in a licensed health care facility (which may include a licensed birthing center), the CNM may administer and/or order medications in accordance with the mutually agreed upon protocols, may perform and repair episiotomies and may use local or pudendal block anesthesia. Additionally, the CNM may repair third degree lacerations upon the direction of the affiliated physician and fourth degree lacerations under the direct supervision of a plenary-licensed physician who has obstetrical privileges.

13:35–2A.6 Postpartum and well-woman health care

The CNM may provide postpartum care and well-woman health care, which may include family planning, reproductive health care counseling and reproductive systems health care screening. The CNM's participation in periodic well-woman health care shall be in accord with written protocol(s) which shall require the prompt referral of women with medical or gynecological abnormalities to the appropriate physician.

13:35–2A.7 Management of antepartum women at risk

(a) The CNM may participate in the management of antepartum patients at risk under the following conditions:

1. The physician/CNM team shall have both agreed to include the patient at risk in the caseload.

2. The physician/CNM team shall have established a management plan for all patients identified as at risk, which plan shall delineate the role of both the physician and the CNM in the care of the patient. The management plan shall set forth the following:

i. Frequency of physician visits;

ii. Timing of appropriate diagnostic and evaluative procedures;

iii. Parameters for consultation; and

iv. A proposed plan for the delivery, including the type, place and provider.

3. All patients at risk shall be classified as either Schedule "A" or Schedule "B" patients, in accordance with the schedules set forth in (a)4 and 6 below. The minimum standards of physician participation in the management of the at risk patient shall vary dependent upon whether the patient is classified as Schedule "A" or Schedule "B." The minimum standards of physician participation for Schedule "A" patients are set forth in (a)5 below and for Schedule "B" patients in (a)7 below.

4. Patients with the following risk factors shall be deemed to be Schedule "A" patients:

i. Documented problems in maternal medical history:

(1) Acute and/or chronic hypertension;

(2) Congenital or acquired heart disease;

(3) Deep vein thrombosis (current or recent history);

(4) HIV positive, AIDS or AIDS Related Complex;

(5) Renal disease;

(6) Severe urinary tract infection;

(7) Seizure disorder requiring medications;

(8) Hemolytic anemia; or

(9) Insulin dependence.

ii. Documented problems in past maternal obstetrical history:

(1) Incompetent cervix;

(2) Two or more second or third trimester fetal losses; or

(3) Preterm delivery; or

iii. Documented problems in present maternal obstetrical history:

(1) Significant uterine myomata;

(2) Hydramnios or oligohydramnios;

(3) Isoimmunization;

(4) Multiple gestation;

(5) Intrauterine growth retardation; or

(6) Current evidence of fetal chromosome or other disorder confirmed by amniocentesis or ultrasound.

5. For all patients classified within Schedule "A", the physician shall be in the office on each patient visit and shall review the care of the patient on each visit. Prior to the Schedule "A" patient's discharge from each scheduled visit, the physician shall review and sign the chart. The physician shall examine the Schedule "A" patient at least once during each trimester and, at that time, the management plan shall be reviewed and revised as necessary by the Physician/CNM team.

6. Patients with the following risk factors shall be deemed to be Schedule "B" patients:

i. Documented problems in maternal medical history:

(1) Drug addiction;

(2) Psychotic episode;

(3) Controlled asthmatics currently on medication; or

(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 offered by a college or university accredited by an accrediting association recognized by the U.S. Department of Education. The pharmacology course shall include instruction in fundamentals of pharmacology and therapeutics including principles and terminology of pharmaco-dynamics and pharmaco-kinetics. The pharmacology course shall have been completed within the two years immediately preceding the date on which the application is made.

(b) Notwithstanding (a) above, a CNM who holds prescriptive authorization in another state shall be authorized to prescribe drugs in New Jersey, even if the pharmacology course was completed more than two years prior to the date on which the certified nurse midwife makes application for authorization to prescribe drugs in New Jersey, if the CNM submits proof to the Committee that he or she:

1. Holds current prescriptive authorization, without disciplinary restrictions, in another state;

2. Is a registered professional nurse in New Jersey;

3. Is licensed as a CNM in New Jersey; and

4. Has completed 30 contact hours in a pharmacology course offered by a college or university accredited by an accrediting association recognized by the U.S. Department of Education.

(c) 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 provided by the Board and shall demonstrate:

1. Current registration with the Board as a CNM; and

2. A.C.N.M. or A.C.C. certification.

(d) 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 (IVII, 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

(e) 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.

(f) 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 agreement maintained pursuant to N.J.A.C. 13:35–2A.3 or for purposes not intended within any written agreement.

(g) 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 (g)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.
Amended by R.2003 d.1, effective January 6, 2003.
See: 33 N.J.R. 4063(a), 35 N.J.R. 257(a).
Rewrote the section.

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;