

**TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**CHAPTER 12 NURSING AND HEALTH CARE RELATED PROVIDERS**  
**PART 5 MEDICATION AIDES**

**16.12.5.1 ISSUING AGENCY:** New Mexico Board of Nursing.  
[16.12.5.1 NMAC - Rp, 16.12.5.1 NMAC, 12/13/2022]

**16.12.5.2 SCOPE:** The rule applies to medication aides and medication aide training programs which serve consumers in various health care and community settings except acute care facilities.  
[16.12.5.2 NMAC - Rp, 16.12.5.2 NMAC, 12/13/2022]

**16.12.5.3 STATUTORY AUTHORITY:** Section 61-3-10-2 NMSA, permits the operation of a program for certification of medication aides and training programs. Section 61-3-10-2 NMSA directs the board of nursing to provide for the operation of a statewide program for certification of medication aides and training programs. Section 61-2-6 NMSA (1995) Pamphlet and the Uniform Licensing Act Section 61-1-1 NMSA, *et seq.*, sets forth conditions for hearing and discipline.  
[16.12.5.3 NMAC - Rp, 16.12.5.3 NMAC, 12/13/2022]

**16.12.5.4 DURATION:** Permanent.  
[16.12.5.4 NMAC - Rp, 16.12.5.4 NMAC, 12/13/2022]

**16.12.5.5 EFFECTIVE DATE:** December 13, 2022 unless a later date is cited at the end of a section.  
[16.12.5.5 NMAC - Rp, 16.12.5.5 NMAC, 12/13/2022]

**16.12.5.6 OBJECTIVE:** Pursuant to the Nursing Practice Act this part establishes the requirements for fees, examination, recertification, standards and functions, supervision/direction, and disciplinary action for medication aides who serve in multiple health care settings except acute care facilities. It also establishes requirements for approval of medication aide programs, minimum standards for medication aide programs, and the medication aide advisory committee for medication aides.  
[16.12.5.6 NMAC - Rp, 16.12.5.6 NMAC, 12/13/2022]

**16.12.5.7 DEFINITIONS:**

- A. Definitions beginning with the letter A:**
- (1) **“administrator”** means the operating officer of an agency. This includes but is not limited to a licensed nursing facility.
  - (2) **“agency”** means a board approved educational or facility-based entity that conducts medication aide student training. Facility-based programs may utilize certified medication aides that serve consumers in various healthcare and community settings.
  - (3) **“approval”** means the review and acceptance of specific activity.
  - (4) **“audit”** means a verification of continuing education documents and work requirements.
- B. Definitions beginning with the letter B: “board”** means the board of nursing.
- C. Definitions beginning with the letter C:**
- (1) **“certificate”** means a document issued by the board identifying the legal privilege and authorization to perform specific certified medication aide functions and procedures in the state of New Mexico.
  - (2) **“certification examination”** means a board-approved tool designed to evaluate an applicant’s knowledge of a specific subject.
  - (3) **“certified medication aide I (CMA I)”** means a person who has received specialized training preparing for a role of medication administration under the supervision/direction of a registered nurse, is permitted to administer medications as outlined in these rules upon successful completion of a board approved examination.
  - (4) **“certified medication aide II (CMA II)”** means a person who meets the requirements of a CMA as defined in these rules. The CMA II candidate is selected by the nurse educator and receives additional

training with the expanded scope of function of subcutaneous insulin delivery and is permitted to administer insulin via insulin pen upon successful completion of a board approved examination; additional certification is mandatory.

(5) **“clinical experience”** means the supervised clinical proficiency and quality assurance skills component of the certified medication aide program that provides for the application of theory and for the achievement of the stated objective which takes place in a board approved agency.

(6) **“clinical preceptor”** means a licensed nurse at each participating nursing agency that is physically present and providing one clinical preceptor to a maximum of two students with direct supervision.

(7) **“collaborative program”** means an education only based agency that collaborates with another approved agency to train medication aide students for certification and does not employ medication aides. The collaborative program retains all the responsibility of maintaining a medication aide program as it pertains to the medication aide student. A board approved nurse educator is required for the supervision of the collaborative program.

(8) **“competency”** means the demonstration of knowledge in a specific area and the ability to perform specific skills and tasks in a safe, efficient manner.

(9) **“consumer”** means any person domiciled, residing or receiving care or treatment from a certified medication aide in an agency. This includes but is not limited to residents, clients or students.

(10) **“contact hour”** means a 60 minute clock hour.

(11) **“continuing education (CE)”** means a planned learning experience for medication aides which include medication information and medication administration. These experiences are designed to promote the development of knowledge, skills and attitudes for the enhancement of care to the consumer.

(12) **“corrective action plan”** means a step- by- step plan submitted by an approved medication aide program that results in outcomes to achieve resolution of areas of noncompliance identified during a program evaluation.

(13) **“curriculum”** means a detailed course outline, description, or syllabus, which includes objectives, content, teaching-learning activities and evaluation strategies.

**D. Definitions beginning with the letter D: “delegation”** means transferring to a competent individual the authority to perform a delegated nursing task in a selected situation. The licensed nurse retains accountability for the delegation.

**E. Definitions beginning with the letter E: [RESERVED]**

**F. Definitions beginning with the letter F: [RESERVED]**

**G. Definitions beginning with the letter G: [RESERVED]**

**H. Definitions beginning with the letter H: [RESERVED]**

**I. Definitions beginning with the letter I: [RESERVED]**

**J. Definitions beginning with the letter J: [RESERVED]**

**K. Definitions beginning with the letter K: [RESERVED]**

**L. Definitions beginning with the letter L: [RESERVED]**

**M. Definitions beginning with the letter M:**

(1) **“medication aide advisory committee (MAAC)”** means a board appointed advisory committee.

(2) **“medications”** means substances intended for use in diagnosis, care, mitigation, treatment or prevention of a disease.

(3) **“medication aide program”** means the formal program of study, certification, continuing education, standards of functions, disciplinary action, and minimum standards. A board approved nurse is required for the supervision and observation of the medication aide.

**N. Definitions beginning with the letter N:**

(1) **“NPA”** means the Nursing Practice Act.

(2) **“nurse educator”** means a board approved registered nurse who is the program administrator for a specific agency that develops, coordinates and teaches a medication aide program and retains the ultimate responsibility for the supervision, direction, and competency of the medication aide student. Facility-based program nurse educators are also responsible for supervision, direction, and continuing competency assessment of CMA Is and CMA IIs.

**O. Definitions beginning with the letter O: “OTC medications”** means medications can be purchased over-the-counter without a prescription. OTC medications must be stored in original manufacturer’s packaging and affixed with the original manufacturer’s labeling. Provider’s orders with adequate instructions must be obtained prior to the administration of OTC medications by the certified medication aide.

**P. Definitions beginning with the letter P:**

- (1) **“population specific care”** means the standards of care regarding medication administration requirements for specific consumer care groups.
- (2) **“Prn”** means administering medication on an as needed basis. Instruction to administer by a certified medication aide requires licensed nurse judgment and prior approval.
- (3) **“program evaluation”**: means the process whereby the program at the agency is evaluated at the request of the board for approval status.
- (4) **“program review”** means the process whereby the program at the agency is reviewed to assure compliance with the rules and regulations governing the CMA program. This may include a site visit with or without official notification to an agency.
- (5) **“properly labeled container”** means a medication container which includes the name, address and telephone number of the pharmacy, the name of the prescriber, the full name of the consumer, the date the order was filled, the brand and generic name of the drug, the dosage of the drug, strength of the drug, lot number, expiration date, adequate instructions for use and cautionary label as necessary.

**Q. Definitions beginning with the letter Q:**

- (1) **“quarterly reports”** means a report submitted by an agency that provides an update on areas of noncompliance that were identified during a program evaluation or corrective action plan outcomes.
- (2) **“quality assurance progress report”** means a report submitted by a facility-based approved medication aide program that provides a summary of medication aide medication administration findings, observations, problems, irregularities, safety violations, and medication errors.

**R. Definitions beginning with the letter R:**

- (1) **“reactivation”** means the process of making a certificate current which has been in lapsed status as a result of failure to comply with the necessary renewal requirements; this action does not involve board action.
- (2) **“reinstatement”** means the process whereby a certificate, which has been subject to revocation or suspension, is returned to its former status by individual board action; this process always involves board action.
- (3) **“routine medication”** means a medication for which the frequency of administration, amount, strength, and method of administration are specifically fixed as determined by the health care provider authorized by the state to prescribe medications. Routine does not include medications for which the time of administration, the amount, the strength of dosage, the method of administration or the reason for administration is left to judgment or discretion.

**S. Definitions beginning with the letter S:**

- (1) **“standards of function”** means a range of tasks/activities performed by certified medication aides Is and certified medication aide IIs for consumers who are stable and predictable, supervised by a licensed nurse who may need to adjust the range of tasks based on the consumer’s need.
- (2) **“supervision/direction”** means initial and ongoing verification of a person’s knowledge and skills in the performance of a specific function or activity as demonstrated by periodic observation, direction and evaluation of that person’s knowledge and skills as related to the specific function or activity.

**T. Definitions beginning with the letter T: [RESERVED]**

**U. Definitions beginning with the letter U: “ULA” means the Uniform Licensing Act.**

**V. Definitions beginning with the letter V: [RESERVED]**

**W. Definitions beginning with the letter W: [RESERVED]**

**X. Definitions beginning with the letter X: [RESERVED]**

**Y. Definitions beginning with the letter Y: [RESERVED]**

**Z. Definitions beginning with the letter Z: [RESERVED]**

[16.12.5.7 NMAC - Rp, 16.12.5.7 NMAC, 12/13/2022]

**16.12.5.8 FEES:** Payment of fees will be accepted in the form specified by the board. The initial application fee will be for a period of one year, plus the months to the applicant’s birth month. Fees may be collected in whole or prorated to commensurate with the length of the renewal period. Fees are not refundable.

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|-----------|---|---------|
| <b>A.</b> | Initial certification by examination                        | \$45.00 |
| <b>B.</b> | Certification by exam for CMA II                            | \$60.00 |
| <b>C.</b> | Re-examination  | \$30.00 |
| <b>D.</b> | Renewal of medication aide certificate                      | \$45.00 |
| <b>E.</b> | Reactivation of a lapsed certificate                        | \$50.00 |
| <b>F.</b> | Reactivation of a lapsed certificate following board action | \$60.00 |

|           |   |          |
|-----------|---|----------|
| <b>G.</b> | Initial certificate Military personnel, spouse, dependent, or veteran         | \$0      |
| <b>H.</b> | First renewal of certificate Military personnel, spouse, dependent or veteran | \$0      |
| <b>I.</b> | Initial program review and approval   | \$250.00 |
| <b>J.</b> | Program renewal   | \$200.00 |
| <b>K.</b> | Board ordered program review or program evaluation for approval               | \$200.00 |

[16.12.5.8 NMAC - Rp, 16.12.5.8 NMAC, 12/13/2022]

**16.12.5.9 CERTIFICATION BY EXAMINATION REQUIREMENTS FOR MEDICATION AIDES:**

**A. Prerequisites:**

- (1) Be a minimum of 18 years of age.
- (2) Be a high school graduate or complete the general education development (GED) course.

Applicants who graduated from non-U.S. education programs shall have an evaluation of their education credentials sent to the board directly from a board recognized educational credentialing agency to verify that the education is comparable to a US high school diploma.

(3) Provide documentation of a minimum of three months health care experience working at a board approved agency within the last year or hold a current New Mexico nurse aide certificate in good standing.

(4) Successfully complete a board-approved program for the preparation of medication aides within the last 12 months.

(5) Complete the required application form within the specified deadline and according to all policies.

(6) Provide proof of current CPR certification.

(7) Remit the required fee.

**B. Application and fee for the medication aide examination:**

(1) Any application containing fraudulent or misrepresented information could be the basis for denial of certification.

(2) Incomplete applications for certification will not be processed. The applicant will be notified of the incomplete application within 30 days of submission.

(3) Verification of successful completion of the medication aide program including date of completion must be received in the board office directly from the agency nurse educator which provided the clinical experience of the program on agency letterhead.

(4) Upon board approval of the application, the board will issue a notification to the applicant. Thereafter the applicant must follow testing service instructions for scheduling the examination.

(5) Applicants who fail the examination must submit a re-examination application and pay a re-examination fee.

(6) Results of the examination shall be reported by the online portal to the applicant. Successful candidates are not certified until they receive notification from the board. Successful candidates shall be issued an initial certificate.

(7) Certification can be verified through the board's website.

(8) An initial certificate shall be valid until the last day of the applicant's birth month after the first anniversary of the initial certificate.

**C. Medication aide certification examination:**

(1) The board shall develop and maintain the board-approved examination for medication aides.

(2) Board-approved examination centers shall comply with the security procedures developed by the board for distribution and administration of the examination.

(3) Applicants for certification as a medication aide shall be required to pass the medication aide examination with a minimum of eighty percent of the items answered correctly.

(4) Failed examinations must be repeated in their entirety on all subsequent attempts.

(5) Unsuccessful candidates may repeat the examination one time.

(6) The examination may be taken a maximum of two times. After the second failure, the applicant must provide verification of repeating and successfully completing the theory and clinical portion of a board-approved medication aide program to be eligible to sit for the exam.

(7) Applicants observed giving or receiving unauthorized assistance during the writing of the examination shall be physically removed from the examination center and the individual(s) shall be referred to the board by a sworn complaint(s) filed by the examiner.

**D. Certification by examination for CMA II:**

(1) CMA II applicants shall be required to pass a certification examination with a minimum score of eighty percent that is specific to their expanded scope of function as defined in the core curriculum (16.12.5.16 NMAC).

(2) CMA II applicants who fail the exam may repeat the examination one time without repeating an approved training program. If the CMA II applicant does not pass the second examination they must provide verification of repeating and successfully completing the theory and clinical portion of a board approved CMA II program to be eligible to retake the examination.

(3) Results of the examination shall be reported by the online portal to the applicant. Successful candidates are not certified until they receive notification from the board. Successful candidates shall be issued an initial certificate.

(4) The initial certificate for CMA II will align with the expiration date of CMA I.

**E. Requirements for medication aide recertification:**

(1) Applicants for recertification as a medication aide must meet the continuing education and work requirements as stated in these rules.

(2) In order to meet the CE requirement for recertification as a medication aide, the applicant must provide evidence of having accrued 16 clock hours of CE within the two years renewal period immediately preceding recertification. CE may be prorated to commensurate with the length of the renewal period.

(a) The agency shall grant opportunities for CE.

(b) Acceptable courses shall be those with topics related to medications and medication administration.

(c) CE requirement records are subject to audit by the board. Certificate holders may be subject to disciplinary action by the board if non-compliant within 60 days of the first notification of the audit.

(d) Failure to meet the CE requirements for recertification shall result in denial of recertification. Individuals who do not meet the continuing education requirement may not function as a medication aide until such time as the CE requirement has been met.

(e) CMA II shall accrue four additional contact hours of continuing education within the 24 months preceding recertification. These additional contact hours must be specific to their expanded scope of function. CE may be prorated to commensurate with the length of the renewal period.

(3) In order to meet the work requirement for recertification as a medication aide, the applicant must administer medications a minimum of 100 hours during the two year period immediately preceding certification renewal in a board approved facility.

(a) Work requirement records are subject to audit by the board. Certificate holders may be subject to disciplinary action by the board if non-compliant within 60 days of the first notification of the audit. Work hours may be prorated to commensurate with the length of the renewal period if less than 24 months.

(b) Failure to meet the employment requirement shall result in denial of recertification.

(c) Individuals who have not met the employment requirement may not function as a medication aide, until a 24 hour refresher course has been completed and a recertification application and fee have been submitted, processed, and accepted by the board.

(4) Reactivation or reinstatement of certificate:

(a) If the certificate has lapsed or been inactive for less than six months, the applicant may submit an application for reactivation, submit the required fee, and submit the required continuing education and work hours.

(b) If the certificate has lapsed or has been inactive six months to one year, the applicant must complete a refresher course. Completion of a refresher course shall meet both the employment and CE requirements for the renewal period.

(c) If the certificate has lapsed or has been inactive for more than one year, the applicant must repeat the training program and pass the medication aide examination.

(5) Refresher course:

(a) CMA I - completion of a minimum of 12 hours of classroom studies and 12 hours of supervised clinical practice in a board-approved medication aide program under the direction of the nurse educator to include authorized and prohibited functions of a medication aide. CMA II - completion the CMA I refresher course and completion of eight hours of theory to include the expanded scope of function and 20 hours of supervised insulin injections.

(b) A passing score of eighty percent on the agency's final examination.

- (c) Refresher course requirements are found in 16.12.5.20 NMAC.
  - (d) The nurse educator shall provide verification on agency letterhead directly to the board of nursing about the medication aide's completion of the refresher course before a new certificate is issued.
  - (e) Failure to meet any of the requirements for the refresher course shall require the individual to complete a board-approved training program curriculum in its entirety.
  - (5) Renewal notifications may be sent electronically to the certified medication aide at least six weeks prior to the end of the renewal month. Renewal applications are available on the board's website.
    - (a) Failure to receive the notification for renewal shall not relieve the medication aide of the responsibility of renewing the certificate by the expiration date.
    - (b) If the certificate is not renewed by the end of the renewal month, the medication aide does not hold a valid certificate and shall not function as a medication aide in NM until the lapsed certificate has been reactivated.
    - (c) Renewal application and fee must be submitted, processed, and accepted by the board.
  - (6) Medication aides shall be required to complete the renewal process by the end of the certificate expiration.
  - (7) Initial certificates are issued by mail only. Certificates can be verified on the board website.
  - (8) Remit the required fee.
- F.** Individuals who have practiced as medication aides in other states or who have been certified in another state may apply for certification in the state of New Mexico if they meet the following criteria:
- (1) are a minimum of 18 years of age;
  - (2) are a high school graduate or have completed the general education development course;
  - (3) Current CPR certification;
  - (4) provide a current CMA certificate or equivalent from another state;
  - (5) submit written verification of 100 hours as a medication aide during the 24 month period immediately preceding request to become certified in New Mexico submitted directly to the board by their employer;
  - (6) provide written verification by the board approved agency, on agency letterhead, of successful completion of the appropriate refresher course, 20 hours of supervised clinical practice, skills list, and the final examination results;
  - (7) successfully complete the board's medication aide certification examination with a score of eighty percent or better;
    - (a) the medication aide candidate must apply within six months to take the approved medication aide certification examination; an initial certification by examination application with fee must be submitted, processed and accepted by the board according to examination required deadline;
    - (b) upon successful completion of the examination with a score of eighty percent or higher a certificate will be mailed to the medication aide;
    - (c) failure to successfully pass the medication aide certification examination shall require the medication aide to complete a board approved training program curriculum in its entirety.
- G.** Graduate nurses or nursing students currently enrolled in a school of nursing may be certified as medication aides if they meet the following criteria.
- (1) Graduate nurses or student nurses who have successfully completed a nursing pharmacology course and two of the following may apply for medication aide certification:
    - (a) nursing courses to include: pathophysiology (I), anatomy (II) and physiology (III);
    - (b) completed a nursing fundamentals course; or
    - (c) certified nursing assistant course.
  - (2) Complete the required application form and remit the required fee.
  - (3) Written verification of successful completion of courses with a "C" or higher must be submitted by the nursing school on letterhead. In lieu of verification, official transcripts will be accepted.
  - (4) Complete the refresher course requirement CMA I or CMA I and CMA II. The attestation of completion of the refresher course must be submitted directly to the board of nursing by the nurse educator.
  - (5) If completed certified nursing assistant course, must provide verification of a current certificate in good standing with the state department of health.

- (6) Provide proof of a current CPR card.
  - (7) Successfully complete the board's medication aide certification examination with a score of eighty percent or better.
  - (8) Upon successful completion of the examination with a score of eighty percent or higher a certificate will be mailed to the medication aide.
  - (9) Failure to successfully pass the medication aide certification examination shall require the candidate to complete a board approved training program curriculum in its entirety.
- [16.12.5.9 NMAC - Rp, 16.12.5.9 NMAC, 12/13/2022]

**16.12.5.10 STANDARDS OF FUNCTIONS FOR THE MEDICATION AIDE:**

**A.** The purpose of this section is to establish standards for the supervision/direction of medication aides; to identify basic authorized functions for the medication aide and; to identify prohibited functions for the medication aide.

**B.** Authorized functions of the medication aide - medication aides who have been certified by the New Mexico board of nursing may under the supervision/direction of a registered nurse administer routine medications.

- (1) The medications must have been ordered by a person authorized in the state to prescribe medications.
- (2) The medication must be prepared by the person who will administer it.
- (3) Medication administration errors must immediately be reported to the licensed nurse by the medication aide.
- (4) Adverse reactions must immediately be reported to the licensed nurse by the medication aide.
- (5) Administer PRN medications only after contacting and receiving authorization from licensed nurse to administer the PRN medication. Authorization is required for each individual instance of PRN administration of a medication.

**C.** Prohibited functions of the medication aide:

- (1) shall not administer medication by intramuscular, intravenous, subcutaneous or nasogastric routes; exception: certified medication aides may administer insulin with a prefilled insulin pen if they have successfully completed a current CMA II board approved certification program;
- (2) shall not take medication orders;
- (3) shall not alter medication dosage as ordered by the prescriber;
- (4) shall not perform any function or service for consumers for which a nursing license is required under the Nurse Practice Act;
- (5) shall not administer medication without the supervision/direction of a licensed nurse;
- (6) shall not administer medications in any agency other than a board approved agency.
- (7) shall not administer medications when medication administration requires an assessment of the patient's need for medication, a calculation of the dosage of the medication;
- (8) shall not administer medication when the patient requires continued nursing assessment;
- (9) shall not administer medication dispensed from an automated medication dispensing system without a properly labeled container and without the direct supervision of a licensed nurse.

**D.** Supervision/direction:

- (1) A nurse educator shall periodically provide supervision/direction to the certified medication aide administering medication(s):
  - (a) a licensed nurse shall be available 24 hours a day (on call) to supervise medication aides as determined by the agency work hours;
  - (b) develop and institute an annual performance evaluation of each CMA; the performance evaluation shall be based upon the standards listed in these rules; the performance evaluation shall also include a review of the number of medication errors committed by the CMA.
- (2) A nurse educator shall monitor an agency's medication aides as directed by the board to include the following:
  - (a) review all medication administration errors and incident reports filed since the nurse educator's last review;
  - (b) meet with each medication aide to review and discuss problems, difficulties, or irregularities in administering medications and to provide appropriate instruction;

(c) ensure biannual medication pass observation are conducted which may be delegated to a licensed nurse;

(d) prepare and submit to the board a written, signed report medication administration of findings, observations, problems, irregularities, medication errors, safety violations and recommendations in medication administration.

(3) The registered nurse may delegate to the licensed practical nurse the supervision/direction of the medication aide.

**E.** Certified medication aide II - expanded scope of function:

(1) The expanded role is a privilege and not a requirement for all CMA's to meet.

(2) The nurse educator shall approve the CMA assuring the CMA meets specific criteria.

(3) CMA must be employed full-time for one year in a board approved facility.

(4) Must have been a CMA for one year and have fulfilled all CMA requirements and have a current NM certificate.

(5) Authorized functions shall include subcutaneous injection of insulin by prefilled insulin pens only.

(6) Must complete board approved curriculum and pass the board examination with eighty percent or better.

[16.12.5.10 NMAC - Rp, 16.12.5.10 NMAC, 12/13/2022]

#### **16.12.5.11 DISCIPLINARY ACTION:**

**A.** The board shall conduct hearings upon charges relating to discipline of a CMA/CMA II or the denial, suspension or revocation of a medication aide certificate in accordance with the ULA (Section 61-3-10 NMSA 1978) and 16.12.12 NMAC for the purpose of protecting the public.

**B.** Grounds for action:

(1) Incapable of functioning as a medication aide which is defined to include, but not limited to, the following:

(a) inability to function with reasonable skill and safety as a medication aide for any reason including, but not limited to, the use of drugs, alcohol or controlled substances which could impair judgment;

(b) performance of unsafe or unacceptable care of consumers in the administration of medications or failure to conform to the essential standards and prevailing standards of medication aides, in which actual injury need not be established;

(c) omitting deliberately and failing to record information regarding medications and medication administration which could be relevant to the consumer's care;

(d) demonstrating a lack of competence through repeated medication errors.

(2) Incapable of functioning as a responsible member of the health care team which is defined to include, but not limited to, the following:

(a) falsifying or altering consumer records or personnel records for the purpose that reflect incorrect or incomplete information;

(b) misappropriation of money, medications or property;

(c) obtaining or attempting to obtain any fee for consumer services for one's self or for another through fraud, misrepresentation or deceit;

(d) obtaining, possessing, administering or furnishing prescription medications to any person, including, but not limited to one's self, except as directed by a person authorized by law to prescribe;

(e) failure to follow established procedures and documentation regarding controlled substances;

(f) obtaining or attempting to obtain a certificate to function as a medication aide for one's self or for another through fraud, deceit, misrepresentation or any other act of dishonesty in any phase of the certification by examination or recertification process;

(g) failure to report a medication aide, who is suspected of violating the NPA, administrative rules or 16.12.5 NMAC;

(h) exceeding the scope of functions of a medication aide;

(i) intentionally abusing, neglecting or exploiting a consumer;

(j) intentionally engaging in sexual contact toward or with a consumer;

(k) administering medications without the supervision/direction of a licensed nurse;

(l) conviction of a felony;

(m) dissemination of a patient/client's health information or treatment plan acquired during the course of employment to individuals not entitled to such information and where such information is protected by law or hospital/agency policy from disclosure.

C. Disciplinary proceedings - disciplinary proceedings are conducted in accordance with the administrative rules of the New Mexico board of nursing and pursuant to the Uniform Licensing Act. [16.12.5.11 NMAC - Rp, 16.12.5.11 NMAC, 12/13/2022]

#### **16.12.5.12 APPROVAL OF MEDICATION AIDE PROGRAMS:**

A. The purpose of the rules is to set reasonable requirements that protect the health and well-being of the consumers that receive services from medication aides in board approved programs. NPA (Section 61-3-10.2 NMSA 1978). The objectives include promoting safe and effective care of consumers receiving medications from CMAs; establishing minimum standards for the evaluation and approval of medication aide programs; facilitating continued approval and improvement of the medication aide programs; granting recognition and approval that a medication aide program is meeting the required minimum standards; and establishing eligibility of graduates of the training portion of a medication aide program to apply for certification by examination.

B. Board approved nurse educators of all new medication aide participant program's shall participate in an orientation that is presented by board staff. [16.12.5.12 NMAC - Rp, 16.12.5.12 NMAC, 12/13/2022]

#### **16.12.5.13 TYPES OF APPROVAL:**

A. Initial program approval - any agency wishing to obtain approval of a medication aide program shall submit, in writing, a medication aide I, medication aide I and II, or a medication aide II application for approval to the board. Applications must be complete for consideration of approval. Incomplete applications will not be reviewed and will expire in six months. The MAAC shall evaluate the application and make a recommendation to the board regarding the approval of the medication aide program. The program must have initial board approval prior to recruiting and enrolling students or employing certified medication aides. The board shall approve medication aide programs at regularly scheduled board meetings.

(1) The initial application for approval shall be consistent with the minimum standards for medication aide programs and shall contain the following:

(a) program description and implementation plan, including timelines;  
(b) objectives of the medication aide program, Paragraph (1) to (3) of Subsection A of 16.12.5.17 NMAC;

(c) organizational chart showing the position of medication aide program within the overall structure of the agency, indicating the lines of authority and responsibility;

(d) name of the administrator;  
(e) name, license verification and resume of the nurse educator(s), faculty, and clinical preceptors;

(f) program curriculum, consistent with 16.12.5.19 NMAC;  
(g) training material and textbooks to be utilized;  
(h) number of hours to be spent on each topic;  
(i) program teaching methods and supporting technology;  
(j) program policies and procedures that outline the standard of function of the medication aide in the board approved agency;

(k) medication aide student eligibility requirements and policies related to the instruction and evaluation of the student progression, grading, and achievement;  
(l) evaluation tools that demonstrate written and clinical proficiency to include a quality assurance program;

(m) policies and procedures that outline the scope of function of medication aide in the board approved agency;

(n) job description of medication aide; and  
(o) required fee.

(2) Training programs which also employ certified medication aides must also include the following information:

(a) name of the director of nursing;  
(b) evaluation tools that demonstrate the competency of the certified medication aide including the biannual medication pass and the annual performance evaluation;

(c) policies for reporting medication errors of the certified medication aide;  
(d) plan for the agency to provide continuing education opportunities for the certified medication aide.

(3) Representatives of the medication aide program may be scheduled to meet with the MAAC to present the proposed program:

(a) upon the MAAC's approval of the application, a recommendation for approval shall be made to the board;

(b) applications not approved may be resubmitted to the MAAC for approval when complete and deficiencies have been corrected.

(4) After receipt of the MAAC's report and recommendation(s), the board may:

(a) grant initial approval of a program for a period not to exceed two years;

(b) defer a decision regarding approval;

(c) deny approval;

(d) direct staff to make a pre-approval evaluation visit.

**B.** Full approval, for a renewal period not to exceed two years, shall be granted to medication aide programs if, in the opinion of the board, the program demonstrates compliance with 16.12.5.17 NMAC minimum standards for medication aide programs.

(1) To ensure continued compliance with 16.12.5.17 NMAC minimum standards for medication aide programs, medication aide programs shall be evaluated through a written report or as determined by the board or the advisory committee.

(a) during the period of full approval, the board may determine if annual medication aide program site visits are necessary to evaluate compliance with these rules;

(b) a representative of the medication aide program may request or be requested to meet with the MAAC to clarify and respond to questions regarding the evaluation;

(c) after the MAAC's review of the evaluation, a report shall be made to the board regarding continuation of the medication aide program's approval;

(d) the board is the final authority regarding continued approval or probation.

(2) Prior to the expiration of full approval, a program review shall be conducted by a representative from the board of nursing to evaluate programmatic compliance. The report of the review shall be submitted to the MAAC for review and recommendation to the board regarding approval.

**C.** Full approval with warning:

(1) the program must correct all deficiencies of the minimum standards not met;

(2) any condition deemed necessary by the board may be imposed including but not limited to corrective action plans and quarterly reports;

(3) approval shall not exceed two years;

(4) the board may determine if annual medication aide program evaluations or program reviews are necessary to evaluate compliance with these rules.

**D.** Probationary approval:

(1) a medication aide program may be given probationary approval when there is evidence of:

(a) non-compliance with the minimum standards for medication aide programs;

(b) continuous disruptions in retaining qualified nurse educators;

(c) noncompliance with the medication aide program's stated philosophy, objectives, policies, and curriculum resulting in unsatisfactory student achievement;

(d) failure to provide clinical experience or supervision;

(e) non-compliance with any portion of these rules.

(2) the board may order any condition related to the minimum standards including but not limited to a corrective action plan, quarter reports, and program evaluation.

(3) the medication aide program shall be advised, in writing, of the reason(s) for probationary approval.

(4) the board shall designate a reasonable time period, not to exceed one year, in which the medication aide program must correct deficiencies and meet the minimum standards for approval.

(a) prior to the end of the period of probationary approval, a program evaluation shall be conducted;

(b) the committee shall review the program evaluation and make a recommendation to the board.

(5) probationary approval is not renewable. Failure to correct deficiencies or adhere to conditions of approval will result in withdrawal of approval.  
[16.12.5.13 NMAC - Rp, 16.12.5.13 NMAC, 12/31/2022]

**16.12.5.14 DENIAL OR WITHDRAWAL OF PROGRAM APPROVAL:**

A. The board may deny approval of a medication aide program when a program fails to provide evidence of compliance with the minimum standards for medication aide programs or any other portion of these rules.

B. The board may withdraw approval of a medication aide program if the program fails to correct deficiencies resulting in non-compliance with the minimum standards for medication aide programs or any other portion of these rules.

C. When the board denies or withdraws approval, a written notice detailing the reasons shall be provided to the officials of the medication aide program.

D. The medication aide program shall be removed from the list of board approved medication aide programs.

E. Medication aide programs which do not submit the program renewal application and fee in sufficient time to be receive a recommendation from the MAAC and approval by the board will be removed from the list of board approved medication aide programs at the expiration date. Program approvals and renewals will be considered at regularly schedule committee and board meetings. A special meeting will not be held for program approvals or renewals;

F. The agency may re-apply for a medication aid program by submitting an initial program application and required fee one year from the date of denial or expiration date of the program approval.

[16.12.5.14 NMAC - Rp, 16.12.5.14 NMAC, 12/13/2022]

**16.12.5.15 PROGRAM REVIEWS:**

A. Types:

(1) approval assessment: made to a medication aide program by representatives of the board for the purpose of determining board approval;

(2) program evaluation: made to medication aide program by board representatives at the request of the board for the purpose of evaluating a program's progress and approval status;

(3) consultation assessment: made to the medication aide program by the board representatives at the request of the program officials;

(4) course visit: visit which may be done at any time to a participating medication aide program;

(5) program review: routine review conducted prior to the program expiration date to assess compliance with programmatic requirements and to assess the status of the program at the agency.

B. The board reserves the right to make unannounced visits.

C. A report of the program review or program evaluation made by representative(s) of the board shall be provided to the medication aide program, MAAC for recommendation to the board, and the board for final disposition regarding approval status.

D. Program reviews or program evaluations shall be conducted by a minimum of one professional board staff member.

E. The board makes the final decision regarding approval status of a medication aide program.

[16.12.5.15 NMAC - Rp, 16.12.5.15 NMAC, 12/13/2022]

**16.12.5.16 CHANGES REQUIRING NOTIFICATION:**

A. Program changes requiring notification to the board:

(1) changes in agency ownership;

(2) changes in agency administrator.

B. Program changes requiring notification to the board for approval:

(1) major curriculum changes or reorganization of the curriculum;

(2) major changes in the program's objectives or goals;

(3) changes in the required didactic or clinical hours;

(4) changes in the internal, administrative or organizational plan of the agency that impact the medication aide program;

(5) changes in the licensure status of the agency;

- (6) changes in the medication aide program nurse educator.
  - C. Procedure for requesting board approval for program changes:
    - (1) the MAAC shall be notified, in writing, of changes in the program requiring board approval. The MAAC shall present the changes and recommendations to the board of nursing at a regularly scheduled meeting;
    - (2) the notification shall include:
      - (a) a proposed change(s);
      - (b) rationale for the proposed change(s);
      - (c) anticipated effect to the current program;
      - (d) timetable for implementation of the proposed change(s);
      - (e) presentation of the differences between the current system and proposed change(s);
      - (f) method of evaluation which will be used to determine the effect of the changes; and
      - (g) any required fee.
- [16.12.5.16 NMAC - Rp, 16.12.5.16 NMAC, 12/13/2022]

**16.12.5.17 MINIMUM STANDARDS FOR MEDICATION AIDE PROGRAMS:**

- A. Objectives - there shall be written objectives for the medication aide program which serve as the basis for the planning, implementation, and evaluation of the program.
  - (1) The objectives shall be developed by the medication aide program nurse educator and shall describe the competencies of the medication aide and shall include:
    - (a) principles of safety in the administration of medication;
    - (b) rights in preparing and administering medications;
    - (c) methods commonly used to safeguard medications;
    - (d) process of infection control;
    - (e) terms related to administration of medications;
    - (f) abbreviations commonly used when prescribing and administering medications;
    - (g) uses, dosages, and necessary precautions in administering medications;
    - (h) ability to correctly calculate dosages;
    - (i) appropriately reporting changes in a consumer's condition;
    - (j) importance of remaining with consumer while administering medication;
    - (k) accurate documentation of medication administration;
    - (l) legal parameters of the medication aide role;
    - (m) authorized and prohibited functions;
    - (n) responsibility for own actions;
    - (o) maintenance of confidential information;
    - (p) appropriate skills in medication administration;
    - (q) understanding of the consumer population; and
    - (r) confidentiality issues.
  - (2) The objectives shall be written clearly and shall identify expected competencies of the beginning medication aide.
  - (3) The objectives shall be reviewed annually and revised as necessary by the nurse educator.
- B. Curriculum:
  - (1) The curriculum shall be developed, implemented, evaluated by the medication aide program nurse educator within the framework of the objectives.
  - (2) The curriculum shall extend over a period of time sufficient to provide essential, sequenced learning experiences which enable a student to develop competence consistent with principles of learning and sound educational practice.
    - (a) There shall be a minimum of 60 hours of classroom study of which 40 hours is the medication administration curriculum and 20 hours of population specific care curriculum.
    - (b) There shall be a minimum of 20 hours of supervised clinical experience. The nurse educator retains accountability and determines the need for additional clinical experience hours.
    - (c) Supervised clinical experience shall provide opportunities for the application of theory and for the achievement of stated objectives in a population specific care setting and shall include clinical learning experiences to develop the proficiency/quality assurance required by the individual to function safely as a

medication aide. A nurse educator or clinical preceptor must be physically present and accessible to the student in the population specific care area.

(d) The CMA II curriculum shall include a minimum of 16 additional hours of classroom study and a minimum of 20 supervised insulin injections. The CMA II student shall successfully administer insulin to one or more consumers a minimum of 20 times. The nurse educator must verify the successful completion of training by submitting a written letter to the board with the application to test as a CMA II.

(3) The curriculum shall provide, at a minimum, instruction in the subject areas listed in 16.12.5.19 NMAC.

(4) The nurse educator shall develop a written plan for curriculum and program evaluation.

**C. Administration and organization:**

(1) There shall be a current organizational chart showing the position of the medication aide program within the overall structure of the agency, clearly indicating the lines of authority and responsibility and channels of communication.

(2) The agency administration shall provide support for the medication aide program to obtain the resources needed for the program to achieve its purpose.

(3) There shall be a nurse educator to administer the program that shall be responsible for:

- (a) the development, implementation and evaluation of the medication aide program;
- (b) creation and maintenance of an environment conducive to teaching and learning;
- (c) liaison with other personnel;
- (d) arrangement for direct supervision of the student's clinical experience by a licensed nurse;
- (e) provision for a system of permanent records and reports essential to the operation of the medication aide program; and
- (f) communication with the board of nursing.

(4) Should the nurse educator leave their position, the administrator shall notify the board. Failure to notify the board may result in a monetary penalty imposed by the board.

**D. Faculty:**

(1) Each program shall have a nurse educator that is a registered nurse and holds a current license to practice nursing in NM or a current compact state license.

(2) The nurse educator shall have at least two years of recent, within the last five years, nursing practice experience.

(3) The nurse educator shall select the clinical experience for students.

(4) The nurse educator or clinical preceptor must be physically present in the agency while students are engaged in clinical experience.

(5) The ratio of faculty to students, during supervised clinical experience shall not be more than one faculty to two students.

(6) The nurse educator shall be responsible for instruction and evaluation of student performance, termination, grading and progression.

(7) Other health care providers, in addition to the nurse educator, may be appropriate faculty for classroom instruction such as physicians, nurse practitioners and pharmacists.

(8) The nurse educator will have accountability/responsibility in the final selection/determination of any CMA candidate chosen for advancement to CMA II.

**E. Records:**

- (1) The nurse educator's record shall include:
  - (a) verification of current licensure as a registered nurse in New Mexico or compact state;
  - (b) resume;
  - (c) verification of board of nursing orientation for nurse educators;
  - (d) board of nursing appointment letter to position of nurse educator.
- (2) The student's record shall include:
  - (a) admission date;
  - (b) testing and evaluation records;
  - (c) documentation of classroom and supervised clinical attendance;
  - (d) final course grade;

- (e) certificate that documents proof of attendance and successful program completion;
- (f) current CPR certification.
- (3) The clinical preceptor's record shall include:
  - (a) verification of current licensure as a registered or licensed practical nurse in New Mexico or compact state;
  - (b) resume;
  - (c) verification of orientation for clinical preceptors conducted by nurse educator.
- (4) The CMA's records shall include but not be limited to:
  - (a) current NM CMA certifications;
  - (b) biannual med pass observations;
  - (c) annual performance evaluation;
  - (d) continuing education records;
  - (e) current CPR certification.

[16.12.5.17 NMAC - Rp, 16.12.5.17 NMAC, 12/13/2022]

**16.12.5.18 MEDICATION AIDE PROGRAM ADVISORY COMMITTEE:**

**A.** Composition and appointment of committee members. The board shall appoint a minimum of a five member voluntary advisory committee which shall be composed of at least three registered nurses and other representatives. The committee shall include one member not employed by a participating agency.

(1) There shall be no more than one representative from any one agency serving on the advisory committee at any one time.

(2) Members of the committee shall serve for staggered terms of two years and may be reappointed to the advisory committee.

**B.** Responsibility of advisory committee.

(1) The advisory committee shall review applications for initial approval, program evaluations, and changes in medication aide programs, and shall make recommendations to the board.

(2) The advisory committee shall provide consultation to medication aide programs as requested or directed by the board.

(3) Members of the advisory committee may serve as survey visitors to medication aide programs for approval, consultation and evaluation visits.

[16.12.5.18 NMAC - Rp, 16.12.5.18 NMAC, 12/13/2022]

**16.12.5.19 MEDICATION ADMINISTRATION CURRICULUM SUBJECT AREAS:**

**A.** Overview of the medication aide role and responsibilities:

(1) Objectives of the medication aide training programs to include:

- (a) federal, state and local regulations;
- (b) nurse's role and medication aide role including the meaning of delegation;
- (c) standards of function for medication aides;
- (d) certification expectations and requirements.

(2) Orientation to the medication aide position including:

- (a) review of job specifications;
- (b) expectation and responsibilities;
- (c) role of the health care team and the CMA:
  - (i) roles and contributions of other health team members;
  - (ii) observation and reporting;
  - (iii) health team meetings.

**B.** Legal roles and responsibilities of medication administration including:

- (1) consumer's rights;
- (2) negligence and malpractice;
- (3) ethical issues relating to consumers including, but not limited to:
  - (a) confidentiality;
  - (b) OSHA;
- (4) documentation;
- (5) identification of medication errors and required reporting of errors to the nurse.

**C.** Fundamentals of medication administration.

- (1) terminology;
  - (2) definitions/abbreviations;
  - (3) rights of medication administration;
  - (4) observations while administering medications;
  - (5) follow-up after administering medications;
  - (6) consumer refusal of medication;
  - (7) OTC and prn medications;
  - (8) controlled substances;
  - (9) medication classifications/identification;
  - (10) medication effects;
  - (11) medication side effects and contraindications including, but not limited to allergic reaction/adverse reactions.
  - (12) medication interactions shall include but not limited to:
    - (a) food and herb;
    - (b) synergistic;
    - (c) antagonistic;
    - (d) additive.
  - (13) Utilization of available resources of medication information shall include but not limited to:
    - (a) supervising nurse;
    - (b) written materials;
    - (c) internet;
    - (d) pharmacist;
    - (e) poison control.
  - (14) Medication nomenclature including:
    - (a) trade;
    - (b) generic;
    - (c) over-the-counter.
  - (15) Methods of distribution and storage shall include but not limited to:
    - (a) unit dose;
    - (b) medication carts;
    - (c) bubble packs;
    - (d) prescription bottles;
    - (e) others.
- D.** Basic introduction to anatomy and physiology including:
- (1) structure;
  - (2) function;
  - (3) common health care problems/concerns;
  - (4) disease processes.
- E.** First aid and emergency procedures including review of:
- (1) cardiac and respiratory emergencies;
  - (2) choking victims;
  - (3) first aid.
- F.** Medication administration procedures/skills check list:
- (1) Review the rights for each skill.
  - (2) Hand washing and proper uses of personal protective equipment.
  - (3) Administering:
    - (a) oral tablets/capsules;
    - (b) liquids;
    - (c) powdered medications;
    - (d) ophthalmic ointments;
    - (e) ear medications;
    - (f) instilling liquid eye medications;
    - (g) nasal medications/dropper and atomizer;
    - (h) vaginal and rectal creams and suppositories;
    - (i) topical agents;

- (j) metered dose inhalers;
      - (k) gastrostomy and jejunostomy medications;
      - (l) nebulizer medications.
    - (4) Crushing tablets:
    - (5) Applying:
      - (a) lotion;
      - (b) liniment;
      - (c) ointment/cream;
      - (d) transdermal patches.
    - (6) Taking and recording vital signs as needed.
    - (7) Documentation.
    - (8) Medication administration situations requiring notification of the nurse:
      - (a) consumer medical/mental health condition change;
      - (b) discontinued medication;
      - (c) medications appear to be contaminated;
      - (d) PRN medication is requested.
  - G. Orientation to population specific care including, but not limited to:
    - (1) specific health care concerns for the population being served;
    - (2) life developmental stages;
    - (3) types of consumers specific to the agency.
  - H. Population specific medication classifications and relationship to body systems:
    - (1) Content shall include, but is not limited to:
      - (a) basic review of anatomy and physiology;
      - (b) common medical disorders as related to the specific population;
      - (c) common medications given to the specific population including:
        - (i) generic and trade names;
        - (ii) dosage range;
        - (iii) action;
        - (iv) side effects;
        - (v) contraindications.
    - (2) Body systems.
    - (3) Nutrition/hydration/herbal supplements.
  - I. Certification for certified medication aide (CMA II) including their role and responsibilities:
    - (1) Objectives of the certified medication aide training program to include:
      - (a) federal, state, and local regulations;
      - (b) nurse's role and certified medication aide II role;
      - (c) standards of function for certified medication aide II;
      - (d) certification expectations and requirements.
    - (2) Orientation to the certified medication aide (CMA-II) position including:
      - (a) review of job specifications;
      - (b) expectations and responsibilities;
      - (c) role of the health care team and the certified medication aide II;
        - (i) roles and contributions of other health team member;
        - (ii) observation and reporting.
    - (3) Expanded roles and responsibilities of the certified medication aide (CMA II) including:
      - (a) consumer's rights;
      - (b) negligence and malpractice;
      - (c) ethical issues relating to consumers including but not limited to confidentiality
        - (d) documentation;
        - (e) identification and required reporting of errors to the nurse.
    - (4) Review the concepts and practices of infection control.
    - (5) Understand the principles and rationale for administration of insulin.
    - (6) Identification of complications.
  - J. Certified medication aide II procedures/skills check list for certification in New Mexico.
    - (1) Administration of insulin by pen.
- and OSHA;

- (2) Demonstrate ability to maintain a clean/sterile field of care.
  - (3) Demonstrate correct infection control practices throughout all procedures including the selection of correct antiseptic solutions.
  - (4) Demonstrate appropriate site selection for administration of insulin.
  - (5) Demonstrate correct administration of insulin.
  - (6) Identify and respond appropriately to complications of insulin administration.
- [16.12.5.19 NMAC - Rp, 16.12.5.19 NMAC, 12/13/2022]

**16.12.5.20 REFRESHER COURSE REQUIREMENTS:**

- A. Authorized functions of the certified medication aide (see Subsection B of 16.12.5.10 NMAC).
  - B. Prohibited functions of the certified medication aide (see Subsection C of 16.12.5.10 NMAC).
  - C. Medication administration procedures (see Subsection F of 16.12.5.19 NMAC) including location of agency resource materials and documentation. Any additional training and procedures to safely administer medications as determined by the agency nurse educator.
  - D. Medication review as determined by agency nurse educator.
- [16.12.5.20 NMAC - Rp, 16.12.5.20 NMAC, 12/13/2022]

**16.12.5.21 [RESERVED]**

[16.12.5.21 NMAC - Rp, 16.12.5.21 NMAC, 12/13/2022]

**HISTORY OF 16.12.5 NMAC:**

**Pre-NMAC History:**

The material in this part was derived from that previously filed with the state records center & archives under: BON MANUAL 91-1, New Mexico Board of Nursing Rules and Regulations for Medications Aides in Intermediate Care Facilities for the Mentally Retarded (filed 10/3/1991).

**History of the Repealed Material:** 16.12.5 NMAC, Medication Aides in Intermediate Care Facilities for the Mentally and Developmentally Disabled Medicaid Waiver Programs (filed 6/12/01), repealed 8/16/2005. 16.12.5 NMAC, Nurse Licensure, filed 6/29/2005 - Repealed effective 10/1/2016. 16.12.5 NMAC, Medication Aides (filed 9/1/2016), Repealed 12/13/2022.

**Other History:**

16 NMAC 12.5, Developmentally Disabled Medicaid Waiver Medication Aides, effective 2/15/1996. 16 NMAC 12.5, Developmentally Disabled Medicaid Waiver Medication Aides (filed 1/26/1996) and that applicable portion of BON MANUAL 91-1, New Mexico Board of Nursing Rules and Regulations for Medications Aides in Intermediate Care Facilities for the Mentally Retarded (filed 10/3/1991) were merged into part number 16 NMAC 12.5 and renamed as Medication Aides in Intermediate Care Facilities for the Mentally and Developmentally Disabled Medicaid Waiver Programs, effective 1/1/1998. 16 NMAC 12.5, Medication Aides in Intermediate Care Facilities for the Mentally and Developmentally Disabled Medicaid Waiver Programs (filed 12/10/1997) was renumbered, reformatted, and amended as 16.12.5 NMAC, Medication Aides in Intermediate Care Facilities for the Mentally and Developmentally Disabled Medicaid Waiver Programs, effective 7/30/2001. 16.12.5 NMAC, Medication Aides in Intermediate Care Facilities for the Mentally and Developmentally Disabled Medicaid Waiver Programs (filed 6/12/2001) was replaced by 16.12.5 NMAC, Medication Aides, effective 8/16/2005. 16.12.5 NMAC, Medication Aides (filed 9/1/2016), was replaced by 16.12.5 NMAC, Medication Aides effective 12/13/2022.