

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, 7/31/2026]

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 for acute care facilities.
[16.12.5.2 NMAC - Rp, 16.12.5.2 NMAC, 7/31/2026]

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, 7/31/2026]

16.12.5.4 DURATION: Permanent.
[16.12.5.4 NMAC - Rp, 16.12.5.4 NMAC, 7/31/2026]

16.12.5.5 EFFECTIVE DATE: July 31, 2026, unless a later date is cited at the end of a section.
[16.12.5.5 NMAC - Rp, 16.12.5.5 NMAC, 7/31/2026]

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. 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, 7/31/2026]

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 training preparing for a role of medication administration under the supervision/direction of a licensed nurse in intermediate care facilities (ICF), intermediate care facilities for Individuals with intellectual disabilities (ICF/IDD), or assisted living facilities (ALF).
 - (4) **“certified medication aide - residential care facilities (CMA-R)”** means a person who is certified by the board, to administer medications under the supervision and at the direction of a registered nurse or a licensed practical nurse in nursing and skilled facilities, assisted living, and intermediate residential care facilities.

(5) **“certified medication aide - outpatient (CMA-O)”** means a person who is certified by the board to administer medications under the supervision and at the direction of an advanced practice registered nurse, a registered nurse, or a licensed practical nurse specializing in ambulatory or outpatient settings.

(6) **“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.

(7) **“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.

(8) **“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.

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

(10) **“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.

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

(12) **“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.

(13) **“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.

(14) **“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:

(1) **“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.

(2) **“director of nursing”** refers to the registered nurse that oversees the operations and holds accountability of nursing care provided within an agency.

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.

(4) **“medication error”** means any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer.

N. Definitions beginning with the letter N:

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

(2) **“nurse educator”** means a board approved licensed nurse, who has program oversight and is delegated the authority to operate the program from the director of nursing, for an approved agency that coordinates and teaches a medication aide program and retains the responsibility for the supervision, direction, and

competency of the medication aide student. Training and curriculum materials shall be developed by a registered nurse.

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 pre-labeled, pre-packaged unit-dose or multi-dose medication container that includes complete, legible, and accurate identifying information that ensures the medication to be safely stored, selected, dispensed, and administered, complying with manufacturer labeling requirements, pharmacy labeling standards, and applicable state and federal regulations.

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, due at quarterly intervals within the program approval period.

(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 for the previous annual quarter.

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.

(4) **“repeated medication error”** means a medication error of two or more medication errors committed by the same CMA within the review period.

S. Definitions beginning with the letter S:

(1) **“standards of function”** means a range of tasks/activities performed by certified medication aides 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, 7/31/2026]

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.

A.	Initial certification by examination	\$45.00
B.	Re-examination	\$30.00
C.	Renewal of medication aide certificate	\$45.00
D.	Reactivation of a lapsed certificate	\$50.00
E.	Reactivation of a lapsed certificate following board action	\$60.00
F.	Initial certificate military personnel, spouse, dependent, or veteran	\$0
G.	First renewal of certificate military personnel, spouse, dependent or veteran	\$0
H.	Initial program review and approval	\$250.00
I.	Program renewal	\$200.00
J.	Board ordered program review or program evaluation for approval	\$200.00

[16.12.5.8 NMAC - Rp, 16.12.5.8 NMAC, 7/31/2026]

16.12.5.9 CERTIFICATION BY EXAMINATION REQUIREMENTS FOR MEDICATION AIDES:

A. General prerequisites:

- (1) Be a minimum of 18 years of age.
- (2) Documentation of successful completion of a secondary education program, which shall

include:

- (a) a high school diploma from an accredited secondary school; or
- (b) a high school equivalency credential (e.g., GED or HiSET); or
- (c) documentation of completion of a home school program that is compliant with

the homeschool requirements of the New Mexico public education department and applicable state law.

- (3) Applicants who graduated from non-U.S. education programs shall have transcripts translated into English from a board recognized agency to verify education.

(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 instructions
- (6) Provide proof of current CPR certification.
- (7) Remit the required fee.

B. Additional requirements for specified certification:

(1) CMA-I applicant must have a minimum of six months experience working in healthcare within the last two years.

(2) An initial CMA-R applicant must hold certified nursing assistant (CNA) certificate by completion of an approved nurse aide training and competency evaluation program as outlined in Subsection A of 8.312.2.21 NMAC and under federal regulation 42 CFR Section 483 Subpart D. An active CNA license is not required for renewal.

(3) A CMA-O applicant must hold a national certification as a medical assistant from a certificate program that includes formal training.

(4) All CMA-Is shall be reclassified to CMA-R as of 7/1/2026. Reclassified CMA-Rs will not be required to obtain a CNA certificate to renew unless their certificate has lapsed for 12 months or more.

(5) Certified medication aides I (CMA-I) practicing in nursing facility settings must complete additional insulin administration training prior to renewal of their next certification. This training shall include a minimum of eight hours of didactic instruction and at least 20 supervised insulin injections, which may be completed under a qualified nurse educator and counted toward continuing education hours. Upon submission of documentation verifying completion, the CMA-I shall be transitioned to the certified medication aide-residential (CMA-R) designation.

C. 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 will be placed on hold until all documentation is received. The application will remain open for one year.

(3) Verification of successful completion of the medication aide program including date of completion must be received by the board on program letterhead from the training program that provided the clinical experience.

(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.

D. Medication aide certification examination:

(1) The examination must be completed at a board approved location. Board-approved examination sites administering the certified medication aide examination shall maintain and enforce examination security measures sufficient to protect the integrity, confidentiality, and validity of the examination process.

(2) 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.

(3) All medication aide certification examinations require a minimum passing score of eighty percent unless otherwise specified.

(4) The examination may be taken a maximum of three times. After the third-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.

E. Certification by examination for CMA:

(1) Applicants shall be required to pass a certification examination that is specific to their scope of function as defined in the core curriculum (16.12.5.16 NMAC).

(2) 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.

F. 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-year renewal period immediately preceding recertification. CE may be prorated to commensurate with the length of the renewal period. CEs may not be duplicate topics within the same renewal period. CMA-Rs must have two of the 16 hours be specific to insulin or insulin pen administration.

(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-O shall maintain an active medical assistant certification which substitutes continuing education during the renewal process.

(3) In order to meet the work requirement for recertification as a medication aide, the applicant must provide evidence of having worked in a board approved facility within the two-year renewal period as a CMA.

(a) All 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.

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

(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 two years, 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 two years, the applicant must repeat the initial training program and pass the medication aide examination.

(5) Refresher course:

(a) CMA - 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.

(b) CMA-R- completion of the CMA refresher course and completion of four hours of insulin theory to include the scope of function and 20 supervised insulin injections.

(c) A passing score on the agency's final examination.

(d) Refresher course requirements are found in 16.12.5.21 NMAC.

(e) 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.

(f) 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.

(6) 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.

(7) Medication aides shall be required to complete the renewal process by the end of the certificate expiration.

(8) Certificates can be verified on the board website.

(9) Remit the required fee.

G. 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, have completed the general education development course, or completion of a home school program that is compliant with the requirements of the New Mexico public education department and applicable state law.

(3) Current CPR certification;

(4) have successfully completed a board-approved medication administration education program in New Mexico or a medication aide certified program located in another jurisdiction or territory that meets the New Mexico education requirements, if the applicant's educational criteria does not meet New Mexico requirements the applicant will be required to attend a New Mexico board approved training program.

(5) successfully complete the board's medication aide certification examination:

(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 a certificate will be mailed to the medication aide;

(c) failure to successfully pass the medication aide certification examination within the allowed attempts shall require the medication aide to complete a board approved initial training program curriculum.

H. Students currently enrolled in a school of nursing may be certified as a residential medication aide if they meet the following criteria:

(1) student nurses who have successfully completed a nursing pharmacology course and one of the following may apply for medication aide certification:

- (a) completed a nursing fundamentals/concepts course; or
- (b) 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) completion of a four-hour class that includes the role and responsibilities of the CMA, scope and prohibited functions, and

(5) provide proof of a current CPR card;

(6) successfully complete the board's medication aide certification examination;

(7) upon successful completion of the examination a certificate will be mailed to the medication aide;

(8) 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, 7/31/2026]

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 who have been certified by the New Mexico board of nursing may under the supervision/direction of a licensed nurse administer 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 a licensed nurse to administer the PRN medication. A licensed nurse authorization is required for each individual instance of PRN administration of a medication.

(6) Administer medications stored in an automated medication storage machine that holds properly labeled medication. The CMA must have documented competency prior to utilizing an automated medication storage machine.

(7) Authorized functions of the CMA-I include the above in addition to: administer medications through approved routes; oral, sublingual, buccal, gastric tube, transdermal, topical, ophthalmic, otic, nasal, vaginal, rectal, premixed nebulizer or metered dose inhaler.

(8) Authorized functions of the CMA-R include the above in addition to:

(a) administer medications through approved routes; oral, sublingual, buccal, gastric tube, jejunostomy tube, transdermal, topical, ophthalmic, otic, nasal, vaginal, rectal, insulin via pen, nebulizer or metered dose inhaler;

(b) perform point of care blood glucose monitoring;

(9) Authorized functions of the CMA-O include the above in addition to:

(a) administer medications through approved routes; oral, sublingual, buccal, transdermal, topical, ophthalmic, otic, nasal, vaginal, rectal, nebulizer or metered dose inhaler;

(b) administration of subcutaneous and intradermal medication;

(c) administration of intramuscular injections, such as vaccines and immunizations.

C. Prohibited functions of the certified medication aide:

- (1) shall not take medication orders;
- (2) shall not alter medication dosage as ordered by the prescriber;
- (3) shall not perform any function or service for consumers for which a nursing license is required under the Nurse Practice Act;
- (4) shall not administer medication without the supervision/direction of a licensed nurse;
- (5) shall not administer medications in any agency other than a board approved agency;
- (6) 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;
- (7) shall not administer medication when the patient requires continued nursing assessment;
- (8) prohibited functions of the CMA-I include the above in addition to:
 - (a) shall not administer medication by intramuscular, intravenous, subcutaneous, or nasogastric;
 - (b) shall not administer medication via routes prohibited by regulations governing the facility type.
- (9) prohibited functions of the CMA-R include the above in addition to: shall not administer medication by intramuscular, intravenous, nasogastric routes, or subcutaneous outside of insulin pen injections.
- (10) prohibited functions of the CMA-O include the above in addition to:
 - (a) shall not administer narcotics;
 - (b) shall not administer medication by intravenous, gastric/nasogastric, urethral routes, or insulin by syringe or prefilled pen.

D. Supervision/direction:

- (1) The director of nursing or, if no such position exists within the licensed healthcare facility, a registered nurse who has oversight responsibility for medication administration in the facility shall:
 - (a) hold accountability for the operations of the CMA program and compliance with these rules;
 - (b) develop facility policies and procedures related to limited medication; administration tasks to the CMA which define the responsibilities of and required facility training and competency validation for the CMA, congruent with these rules;
 - (c) develop policies and procedures related to management of medication errors;
 - (d) provision for a system of permanent records and reports essential to the operation of the medication aide program;
 - (e) ensure a licensed nurse shall be available 24 hours a day (on call) to supervise medication aides as determined by the agency work hours.
- (2) The director of nursing may delegate operations to the approved nurse educator including:
 - (a) education and training provided to the CMAs;
 - (b) education provided to individual CMAs involved in medication errors;
 - (c) completion of an annual performance evaluation of each CMA. The performance evaluation shall be based upon the competencies listed in these rules and include a review of the number of medication errors committed by the CMA;
 - (d) biannual medication pass observations, which may be delegated to a licensed nurse;
 - (e) periodically meet with each medication aide to review and discuss problems, difficulties, or irregularities in administering medications and to provide appropriate instruction;
 - (f) liaison with other personnel for arrangement of direct supervision of the student's clinical experience by a licensed nurse who must be physically present while students are engaged;
 - (g) prepare and submit to the board a written, signed report of medication administration of findings, observations, problems, irregularities, medication errors, and safety violations at a minimum of quarterly, or upon request in a format specified by the board. The report shall include:
 - (i) total number of consumers served by the CMA participating in the medication administration program;
 - (ii) Total number of CMAs that currently participate in the medication administration program;
 - (iii) Total number of licensed nurses trained in CMA supervision during the reporting year;
 - (iv) Total number of medication errors in each category; wrong person, wrong medication, wrong dose, wrong time/day, wrong route, wrong purpose, wrong documentation.

(3) Supervision of the CMA by a licensed nurse.

(a) The supervising nurse must have documented evidence of orientation to the CMA program and rules.

(b) A licensed nurse holds accountability for the patient plan of care.

(c) The licensed nurse supervising medication administration may, at any time, suspend or withdraw the medication administration assigned to the CMA.

[16.12.5.10 NMAC - Rp, 16.12.5.10 NMAC, 7/31/2026]

16.12.5.11 DISCIPLINARY ACTION:

A. The board shall conduct hearings upon charges relating to discipline of a CMA 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, 7/31/2026]

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 within 90 days of assuming the role.

[16.12.5.12 NMAC - Rp, 16.12.5.12 NMAC, 7/31/2026]

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 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 of the director of nursing;

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

(g) program curriculum, consistent with 16.12.5.19 NMAC;

(h) training material and textbooks to be utilized;

(i) number of hours to be spent on each topic;

(j) program teaching methods and supporting technology;

(k) program policies and procedures that outline the standard of function of the medication aide in the board approved agency;

(l) medication aide student eligibility requirements and policies related to the instruction and evaluation of the student progression, grading, and achievement;

(m) evaluation tools that demonstrate written and clinical proficiency to include a quality assurance program;

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

(o) job description of medication aide; and

(p) 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.

(6) a medication aide program that is in probationary approval shall not train or precept new CMAs until probationary status is removed.

[16.12.5.13 NMAC - Rp, 16.12.5.13 NMAC, 7/31/2026]

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 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.

G. Upon new ownership of an approved facility, the new owner shall submit an initial application and may be allowed to continue the previously approved program, at the discretion of the board, for a period not to exceed 90 days or until the board provides initial program approval.

[16.12.5.14 NMAC - Rp, 16.12.5.14 NMAC, 7/31/2026]

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, 7/31/2026]

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 and director of nursing.

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 approved 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;
 - (g) any required fee.
- and
- [16.12.5.16 NMAC - Rp, 16.12.5.16 NMAC, 7/31/2026]

16.12.5.17 MINIMUM STANDARDS FOR MEDICATION AIDE PROGRAMS:

A. Objectives - there shall be written objectives for the medication aide program which serves as the basis for the planning, implementation, and evaluation of the program.

- (1) The objectives shall be developed by a medication aide program registered nurse, 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 basic 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 and director of nursing. A registered nurse shall develop, review annually, and co-sign the learning objectives if the nurse educator is an LPN.

B. Curriculum:

- (1) The curriculum shall be developed, implemented, evaluated by the medication aide program nurse educator within the framework of the objectives. Training curriculum shall be developed and evaluated by a registered nurse.
- (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-R curriculum shall include a minimum of 16 additional hours of classroom study and a minimum of 20 supervised insulin injections. 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-R.

(e) The CMA-O student shall successfully administer subcutaneous or intradermal, and intramuscular injections to one or more consumers or until competency can be validated. 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-O. Proof of validated competency shall remain in the CMA-O record.

(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 designated registered nurse that holds accountability for the certified medication aide program, whom can delegate duties to a licensed practical nurse operations of the program.

(4) Should the nurse educator leave their position the director of nursing, or administrator if no director of nursing is present, 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 licensed 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 ratio of faculty to students, during supervised clinical experience shall not be more than one faculty to two students.

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

(6) The nurse educator may select other health care providers, such as physicians, nurse practitioners and pharmacists, with appropriate subject matter expertise to provide classroom instruction

E. Records:

(1) The nurse educator's record shall include:
(a) verification of current licensure as a nurse in New Mexico or compact state;
(b) resume showing two years of experience;
(c) verification of board of nursing orientation completed within six months for nurse educators;

(d) board of nursing approval letter to position of nurse educator.
(2) The student's record shall include:
(a) enrollment date;
(b) testing and evaluation records;
(c) documentation of classroom and supervised clinical attendance;
(d) certificate that documents proof of attendance and successful program completion;

(e) 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) current 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;
- (f) competency checklists showing skills listed in section 16.12.5.20 NMAC.

[16.12.5.17 NMAC - Rp, 16.12.5.17 NMAC, 7/31/2026]

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 at the discretion of the board.

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.

(4) A list of recommended continuing education topics is developed, reviewed, and updated annually by the advisory committee.

[16.12.5.18 NMAC - Rp, 16.12.5.18 NMAC, 7/31/2026]

16.12.5.19 MEDICATION ADMINISTRATION CURRICULUM SUBJECT AREAS FOR CERTIFICATION:

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;

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 and prevention 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) 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.
- (13) Medication nomenclature including:
 - (a) trade;
 - (b) generic;
 - (c) over-the-counter.
- (14) 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 understanding of anatomy and physiology including:
 - (1) population specific medication classifications and relationship to body systems;
 - (2) function of the ten body systems as they pertain to absorption and excretion of medications; nervous, cardiovascular, respiratory, digestive, urinary, endocrine, musculoskeletal, integumentary, reproductive, immune and lymphatic;
 - (3) common health care problems/concerns;
 - (4) common disease processes;
- (5) common medications given to the specific population including:
 - (a) generic and trade names;
 - (b) dosage range;
 - (c) action;
 - (d) side effects;
 - (e) contraindications.
- E.** Emergency procedures including review of:
 - (1) cardiac and respiratory emergencies;
 - (2) choking emergencies, including aspiration.
- F.** Medication administration procedures/skills check list:
 - (1) Review the seven rights for each skill.
 - (2) Hand washing and proper application and removal of personal protective equipment.
 - (3) Administering:
 - (a) oral tablets/capsules;
 - (b) splitting scored tablets;
 - (c) opening capsules per provider order in lieu of crushing when no other option is available;
 - (d) liquids;
 - (e) powdered medications;
 - (f) ophthalmic ointments;
 - (g) ear medications;
 - (h) instilling liquid eye medications;
 - (i) nasal medications/dropper and atomizer;
 - (j) vaginal and rectal creams and suppositories;
 - (k) topical agents;
 - (l) metered dose inhalers and routine nebulizers;
 - (m) gastrostomy and jejunostomy medications;
 - (n) nebulizer medications.

- (4) Crushing tablets and mixing with food or liquid for administration:
 - (5) Applying:
 - (a) lotion;
 - (b) liniment;
 - (c) ointment/cream;
 - (d) transdermal patches.
 - (6) Taking and recording vital signs as needed.
 - (7) Documentation of medication administration.
 - (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) patients having difficulty with ingesting or administration of medication;
 - (e) patient's refusal of medication;
 - (f) if any questions or uncertainty arise regarding medication administration.
 - (g) 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 as related to target population;
 - (3) Nutrition/hydration/herbal supplements.

[16.12.5.19 NMAC - Rp, 16.12.5.19 NMAC, 7/31/2026]

16.12.5.20 INITIAL AND ONGOING COMPETENCY REQUIREMENTS:

A. Competency assessments for each CMA employed by a facility must be conducted upon hire and annually thereafter by a licensed nurse and can be included in the annual performance evaluation. The approved facility CMA program must maintain up to date records of the initial and annual competency validation on file at the facility. Competency assessments must include a demonstration of each of the following competency areas and standards:

- (1) Maintaining confidentiality; does not share confidential information, except when it affects the recipient's care and is shared only with appropriate person(s).
- (2) Complying with a recipient's right to refuse to take medication; does not force recipients to take medication. Using appropriate measures to encourage taking of medications when directed for recipients who are not competent.
- (3) Maintaining hygiene and current accepted standards for infection control; utilizes appropriate infection control principles when providing medications.
- (4) Documenting accurately and completely; accurately documents all medication provided including the name of the medication, dose, route, and time administered and any refusal of medication.
- (5) Providing medications according to the seven rights; provides the right medication, to the right person, at the right time, in the right dose, for the right purpose/indication, and by the right route, and with right documentation.
- (6) Having the ability to understand and follow instructions; comprehends written or oral directions.
- (7) Practicing safety in application of medication procedures; properly:
 - (a) Stores and handles all medication in accordance with facility policy.
 - (b) Intervenes when unsafe conditions of the medication indicate a medication should not be provided.
- (8) Having knowledge of abuse and neglect reporting requirements. identifies-occurrences of possible abuse of a vulnerable adult and reports this information to the appropriate supervising licensed nurse and as required by facility policies.

- B.** Insulin administration for CMA-R
- (1) Administration of insulin by pen.
 - (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.
- (7) Understand the principles and rationale for administration of insulin.
- (8) Identification of complications.

[16.12.5.19 NMAC - Rp, 16.12.5.19 NMAC, 7/31/2026]

16.12.5.21 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 a review of the fundamentals of medication administration, location of agency resource materials and documentation, and medication administration situations requiring notification of the nurse. 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.

[16.12.5.21 NMAC - Rp, 16.12.5.21 NMAC, 7/31/2026]

16.12.5.22 [RESERVED]

[16.12.5.22 NMAC - Rp, 16.12.5.22 NMAC, 7/31/2026]

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.

16.12.5 NMAC, Medication Aides (filed 12/1/2022), Repealed 7/31/2026.

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.

16.12.5 NMAC, Medication Aides (filed 12/1/2022), was replaced by 16.12.5 NMAC, Medication Aides effective 7/31/2026.