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FISCAL IMPACT REPORT

SPONSOR Cote **ORIGINAL DATE** 01/31/14
LAST UPDATED _____ **HB** HJM9

SHORT TITLE Advanced Practice Nurse & Midwife Task Force **SB** _____

ANALYST Esquibel

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY14	FY15		
N/A	N/A	N/A	N/A

(Parenthesis () Indicate Expenditure Decreases)

HJM 9 relates to SJM 6, SB 37, and HB 59.

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

University of New Mexico Health Sciences Center (UNMHSC)

SUMMARY

Synopsis of Bill

House Joint Memorial 9 is requesting the Department of Health convene a task force to identify barriers to practice for advance practice nurses, nurse-midwives, and physician assistants, the effects these barriers have on patients' access to care, and to make legislative recommendations for removing these barriers. HJM 9 is addressing the lack of an adequate healthcare workforce and the increased demand for healthcare services. The task force requested in HJM 9 would consist of representatives from:

- New Mexico nurse practitioner council
- New Mexico chapter for the American college of nurse mid-wives
- New Mexico nurses association;
- New Mexico medical association;
- New Mexico osteopathic association;
- New Mexico academy of physician assistant care service utilization;
- Greater Albuquerque medical association;

The task force would conduct a comprehensive review of all health care professional practice acts to reduce barriers to health care work force expansion. The Legislative Council Service would assist the task force by reviewing New Mexico statutes.

The task force is requested to present its recommendations to the Legislative Health and Human Services Committee by October 1, 2014.

FISCAL IMPLICATIONS

HJM 9 contains no appropriation.

SIGNIFICANT ISSUES

DOH indicates the Health Care Work Force Data Collection, Analysis and Policy Act was passed and signed into law (Chapter 24, Article 14c, NMSA 1978) as part of the 2011 legislative session. A requirement of the Act was to create a healthcare workforce work group to make recommendations to the Legislative Health and Human Services Committee each October regarding the healthcare workforce in New Mexico. The Health Workforce Committee is convened by the University of New Mexico Health Sciences Center and continues to meet on a regular basis. DOH is a key member of the committee.

The Legislative Finance Committee Performance Evaluation unit, in collaboration with DOH, conducted an assessment of the health care system workforce. This data has contributed to the work of the Health Workforce Committee. In addition to meeting the requirements of HJM 9, the existing Health Workforce Committee could address the intent of HJM 9. The existing committee is composed of academic institutions, state agencies, community-based organizations and health professional associations, healthcare providers and other stakeholders.

PERFORMANCE IMPLICATIONS

HJM 9 proposes the task force examine the broader credentialing processes for advanced practice registered nurses (nurse practitioner, nurse midwives, acute care nurse practitioners, pediatrics nurse practitioners, and psychiatric-mental health nurse practitioners). In addition, this task force can assess the impact on healthcare reform in New Mexico under Medicaid expansion and the New Mexico Health Insurance Exchange.

ADMINISTRATIVE IMPLICATIONS

The Department of Health reports that DOH staff members participate on the UNMHSC Health Workforce Committee and also worked with the LFC to compile information and data for the workforce study. The work involved in HJM 9 implementation, if conducted outside of the current existing structures, would be a burden on existing DOH personnel.

RELATIONSHIP

HJM 9 relates to SJM 6 which requests a health care work force working group; SB 37 which proposes an appropriation of \$237 thousand from the general fund to New Mexico State University to support the Nurse Expansion Program; and HB 59 which would allow other registered nurses (not just college and university employed nurse educators) to obtain bachelor of science, master of science, doctorate of nursing practice and doctor of philosophy in nursing degrees to qualify them to be employed as nursing educators in New Mexico colleges and universities.

TECHNICAL ISSUES

The University of New Mexico Health Sciences Center clarifies that certified nurse midwives (CNMs) are not included under the provisions of the Medical Malpractice Act Section 41-5-3 NMSA 1978 (Laws 1976, Chapter 2, Section 3).

OTHER SUBSTANTIVE ISSUES

The University of New Mexico Health Sciences Center indicates New Mexico's healthcare system workforce professionals, particularly in primary care, does not adequately address current needs including those brought about by the Affordable Care Act and Medicaid expansion, or the longer-range demands from population growth and aging. Therefore, the full practice authority for family nurse practitioners (FNPs) and certified nurse midwives (CNMs) in New Mexico should be valued and capitalized on for the overall health of New Mexico's communities.

Full practice authority in New Mexico would provide patients with direct access to the full services that Advanced Practice Registered Nurses are equipped to provide. Benefits of full practice authority include:

- Improves Access – provides for greater access to essential healthcare services in all areas of the state, especially for patients in underserved urban and rural practices.
- Streamlines Care and Makes Care Delivery More Efficient—provides patients direct access to the full scope of services that a nurse practitioner can offer at the point of care.
- Decreased Costs – avoids duplication of services and billing costs associated with unnecessary physician oversight of nurse practitioner practice.
- Protects Patient Choice – allows patients to see the healthcare provider of their choice.

Currently, New Mexico's practice and licensure laws allow for nurse practitioners to evaluate patients; diagnose; order and interpret diagnostic tests; initiate and manage treatments, including prescribing medications. The University of New Mexico Health Sciences Centers reports the following based on the Institute of Medicine and National Council of State Boards of Nursing:

- Family Nurse Practitioners (FNPs) and Certified Nurse Midwives (CNMs)
 - Are licensed as independent primary care providers with full prescriptive authority.
 - Can see patients covered by Medicaid, Medicare, and commercial insurance carriers.
 - Serve patients and families across the life span, from birth (Midwifery) through old age (Family Nurse Practitioners).
 - Provide primary care services in a variety of settings such as clinics with physicians and other allied health professionals as well as private practices.
 - Malpractice rates remain low for FNPs; nationally, only 2 percent have been named as primary defendants in a malpractice case.
- Family Nurse Practitioners (FNPs)
 - According to the American Association of Colleges of Nursing, FNPs can deliver as much as 80 percent of the health services, and up to 90 percent of the pediatric care

- provided by primary care physicians, at equal to or better quality and at less cost.
- FNPs are high quality health care providers who practice in primary care, ambulatory, acute care, specialty care, and long-term care.
- FNP diagnose and manage acute and chronic conditions and emphasize health promotion and disease prevention.
- According to the American Association of Nurse Practitioners, the Nurse Practitioner (NP) role was created in 1965 and over 45 years of research consistently supports the excellent outcomes and high quality of care provided by NPs. The body of evidence supports that the quality of NP care is at least equivalent to that of physician care.
- According to the American Association of Nurse Practitioners, 89 percent of the NP population is prepared in primary care and over 75 percent of actively practicing NPs provide primary care. NPs are a vital part of the U.S. primary care workforce. Evidence supports the high quality and cost-effectiveness of NP care and the continued interest of the discipline to contribute to solving the primary care dilemma.
- Certified Nurse Midwives (CNMs)
 - CNMs are a crucial part of the health care workforce in New Mexico.
 - Nurse-Midwifery combines the two disciplines of midwifery and nursing to serve a broad population of New Mexicans. CNMs work in clinics, homes, hospitals, private offices and schools.
 - CNMs care for pregnant women, their newborns and families, women in mid- and later life as their personal health care issues change.
- Acute Care Nurse Practitioners (ACNP)
 - ACNPs provide advanced nursing care to patients with complex acute, critical and chronic health conditions, including the delivery of acute care services.
 - Some ACNPs provide services to a specific patient population (e.g., adult, child).
 - ACNPs perform a wide variety of skills and procedures, and the skill set of an ACNP is often dependent on the specific patient population and specialty-based area of practice.
 - Restorative care is the focus of the ACNP, and short-term goals include patient stabilization, minimization of complications, and promotion of physical and psychological well-being. The long-term goal is to restore maximal health potential while evaluating risk factors in achieving this outcome.
- Pediatric Nurse Practitioner (PNP)
 - PNPs are providers of direct health care services.
 - PNPs deliver care to newborns, infants, toddlers, pre-schoolers, school-aged children, adolescents, and young adults.
 - The pediatric nurse practitioner is a specialist in the care of children from birth through young adult with an in-depth knowledge and experience in pediatric primary health care including well child care and prevention/management of common pediatric acute illnesses and chronic conditions. This care is provided to support optimal health of children within the context of their family, community, and environmental setting.

- Psychiatric-Mental Health Nurse Practitioners (PMHNP)
 - PMHNPs are prepared to provide the full range of psychiatric services, including the delivery of primary mental health care services.
 - Some PMHNPs provide services to a specific patient population (e.g., adult, child).

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