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## FISCAL IMPACT REPORT

**BILL NUMBER:** House Bill 150

**SHORT TITLE:** Supervision Of Physician Assistants

**SPONSOR:** Jones

**LAST UPDATE:** \_\_\_\_\_ **ORIGINAL DATE:** 01/28/26 **ANALYST:** Rommel

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT\* (dollars in thousands)

Agency/Program	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
NMMB			No fiscal impact	No fiscal impact	Recurring	Other state funds

Parentheses ( ) indicate expenditure decreases.

\*Amounts reflect most recent analysis of this legislation.

### Sources of Information

LFC Files

### Agency or Agencies Providing Analysis

New Mexico Medical Board  
University of New Mexico

## SUMMARY

### Synopsis of House Bill 150

House Bill 150 (HB150) expands the scope of practice for licensed Physician Assistants (PAs) by allowing them to practice fully independently once they have completed 4,000 hours of supervised clinical experience. Physician Assistants with fewer than 4,000 hours of clinical experience must still practice under the supervision of, or in collaboration with, a licensed physician or another qualified health care practitioner. Additionally, a Physician Assistant with fewer than 4000 hours of clinical practice experience in a particular practice specialty shall not practice medicine in that specialty unless they have established a supervisory or collaborative relationship with an appropriate physician or practitioner.

HB150 updates the definition of “collaboration.” Instead of requiring a physician and PA to jointly manage patient care, collaboration is redefined as consultation with or referral to an appropriate physician or other health care practitioner when warranted. This determination is based on the PA’s education, competencies, and experience, as well as the patient’s condition and the applicable standard of care. Collaboration will not require the physical presence of a physician or other health care practitioner at the time when patient care is rendered.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns, which is May 20, 2026.

## **FISCAL IMPLICATIONS**

The Medical Board indicates no fiscal impact.

## **SIGNIFICANT ISSUES**

HB150 seeks to amend licensure requirements for PAs to allow for a greater degree of autonomy by removing mandatory physician supervision and redefining collaboration as consultation or referral based on a PA's training and experience. The bill simplifies licensure by eliminating supervisory registration requirements and shifts professional responsibility more directly onto PAs through independent malpractice coverage. These changes may benefit rural and underserved areas with practitioner shortages by allowing PAs to practice with more autonomy.

UNM notes:

The American Academy of Physician Associates (AAPA) describes a national trend toward modernizing physician assistant (PA) practice laws by removing rigid, statute-mandated physician supervision requirements and replacing them with flexible, team-based practice models. Under this approach, PAs practice within their education, training, and experience, with physician involvement determined at the practice or employer level rather than dictated in law. Modernization typically eliminates mandatory supervision or delegation agreements, reduces administrative burdens (such as physician-to-PA ratio caps and proximity rules), and often includes experience-based transitions that allow seasoned PAs to practice with greater autonomy while maintaining patient-safety standards through licensure, scope-of-practice limits, and professional accountability.

Nationally, efforts to modernize PA practice laws have faced organized opposition primarily from physician-led organizations, most notably the American Medical Association<sup>1</sup> and affiliated state medical societies, as well as some specialty groups and the American Osteopathic Association.<sup>2</sup> These organizations have consistently opposed legislation that removes or reduces statutory physician-supervision requirements, framing such reforms as “scope of practice expansions” that they argue could undermine patient safety, blur accountability, and weaken physician-led care teams.

The New Mexico Medical Board (NMMB) provided the following:

The NMMB believes these limited oversight requirements will increase the risk of patient harm. ... The NMMB notes a Physician Assistant's training is a master's level (27 months of didactics and clinical training after a college degree) while a Physician (MD or

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<sup>1</sup> <https://www.ama-assn.org/practice-management/scope-practice/ama-successfully-fights-scope-practice-expansions-threaten>;

<sup>2</sup><https://app1.vokusgr.com/ViewAttachment.aspx?EID=Hs3nT12NkLE54HEU8wCpCYWKKYSynBxprp4sOX6IJzY%3d>

DO doctorate) receives 48 months of didactics and clinical training after a college degree plus an additional 3-9 years of specialty residency training. A recent study published in November 2024 states that “PAs are medical providers who are trained in the medical model (a science-based physiology and pathophysiology methodology for diagnosis, prevention, and treatment of medical problems) to work under the supervision of a physician. Given this, the education and training that a PA receives is shorter and less comprehensive than that of a physician who is specifically training to practice independently.”<sup>3</sup>

The NMMB is concerned the proposed changes to the definition of “collaboration” will permit Physician Assistants to practice medicine independently across all fields without a true “experience threshold” or specialty medicine competence evaluation.

NMMB endorses the following [at a minimum]:

PAs who have successfully completed 6000 hours of primary clinical experience within a 3-year period after graduation and supervised licensure requirements by the NMMB may apply for a non-supervised or “independent” license.

... The NMMB will promulgate rules for the 2 types of specialty care: supervised and specialty care “independent” licensure. Any Physician Assistant licensed under a supervised license may remain in a supervised role for any period of time as determined by the licensee and their supervisor(s) and rules promulgated by the NMMB. No Physician Assistant shall be forced to practice independently by any employer or regulatory agency.

## **ADMINISTRATIVE IMPLICATIONS**

NMMB notes administrative burden related to rule promulgation and data tracking for multiple categories of PA licensure, including independent primary care, independent specialty practice, supervised primary care, and supervised specialty practice.

## **OTHER SUBSTANTIVE ISSUES**

According to an LFC presentation, New Mexico’s Healthcare Workforce—Sources and Trends, (Legislative Health and Human Services Committee, June 25, 2025), the primary care physician workforce is older than other occupations, which means higher rates will be leaving the labor force in the coming years. The projected surplus of nurse practitioners and physician assistants in 2030 may alleviate the shortage of primary care physicians to some degree. However, shortages and surpluses may not be balanced geographically because primary care practitioners tend to be concentrated in urban areas.

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<sup>3</sup> Mathew M M, O'Connor S, Titus T M (November 04, 2024) Comparative Analysis of Medical School and Physician Assistant Education and the Use of Provisional Licenses. Cureus 16(11): e72969. doi:10.7759/cureus.72969