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FISCAL IMPACT REPORT

ORIGINAL DATE 2/20/15

SPONSOR HHC LAST UPDATED _____ HB 122/HHCS/aHJC

SHORT TITLE Scope of Practice Act SB _____

ANALYST Elkins

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY15	FY16	FY17	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		Indeterminate	Indeterminate			General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Regulation and Licensing Board (RLD)

Medical Board (MB)

Board of Nursing (BN)

SUMMARY

Synopsis of House Judiciary Committee Amendment

House Judiciary Committee Amendment to House Health Committee Substitute to House Bill 122 adds language stating a person seeking licensure for a health-related profession not currently licensed by the state shall notify the Legislative Council Service of the request for committee review of the proposed licensure.

Synopsis of Bill

House Health Committee substitute for House Bill 122 creates the Scope of Practice Act. The bill proposes new procedures for amending statute and rules related to the scope of practice of health professions.

The bill defines committee as a legislative committee or subcommittee assigned by the Legislative Council to review and make recommendations regarding proposed changes to scope of practice. Also, the bill defines health profession as a health-related activity or occupation conducted pursuant to Chapter 61 NMSA 1978.

In the bill, a written request to change the scope of practice of health professions can be made by members or licensees of the respective licensing board. Once the board receives the request, it

must notify the Legislative Council Service within 10 days.

The Legislative Council must assign a committee to review the proposed change to the scope of practice. The committee shall collect data, including information from the proponent and all other appropriate persons, necessary to review the proposed change; ensure appropriate public notice of the committee's proceedings; invite testimony from persons with special knowledge in the field; assess the potential harm or benefit to consumers, assess the impact on overall health care costs, assess the impact on access and quality of health care, and summarize its assessment, analysis, and recommendation in a final report to the Legislature.

FISCAL IMPLICATIONS

House Bill 122 could have fiscal implications for the Legislative Council Service but the fiscal impact is indeterminate.

SIGNIFICANT ISSUES

RLD notes the following concerns:

The bill does not clarify whether a board must wait to adopt new rules until after the Legislature reviews the report. A delay in adopting rules could decrease public safety and a board's ability to maintain professional standards.

The Medical Board offers the following commentary:

This analytical process is clearly objective, and with appropriate expert input. This will remove any bias brought to the analysis by stakeholders with interests other than determining the effect of the change in scope of practice, including potential benefit and harm, the impact on health care costs and access to high quality health care in New Mexico.

The Board of Nursing offers the following commentary:

The proposed committee's purpose would be to review and make recommendations regarding proposed changes to professional scope of practice; but the promulgation of rules is already an open process through which anyone can review and make recommendations. This committee would duplicate that function of government by having an additional posted and open meeting to discuss the same topic. Any person that could be assigned to that committee already has the ability review and make recommendations in the rules promulgation process.

The definition of scope of practice in the bill does not reflect level of training, certification, practice setting, or standards of practice not specifically outlined in the administrative code.

Because the Board of Nursing regulates ten different healthcare roles that are all related and interdependent, there are frequent conflicts between these roles related to scope of practice that is overlapping, dependent on a particular license, certification, training or setting. Promulgating the rules related to scopes of practice requires expert knowledge of

each role's scope. The process involves recommendations from different healthcare licensees and certificate holders, usually with opposing or divergent views. The requirement for licensing boards to notify the Legislative Council Service of a request made to change a scope of practice within ten days would create a deluge of opinions and recommendations submitted to the legislative committee that are presently reconciled through the Advanced Practice Advisory Committee, the Nursing Practice Advisory Committee, The Hemodialysis Technician Advisory Committee, the Medication Aide Advisory Committee, The Nursing Education Advisory Committee and the Board of Nursing meetings. The legislative committee would be receiving unfiltered proposed practice changes from the 31,000 licensees and certificate holders, credentialed the Board of Nursing alone. The majority of these proposed changes would be minor and subtle between highly related and interdependent roles and there would be a broad array of opinions related to the same function.

CE/bb