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## FISCAL IMPACT REPORT

SPONSOR SPAC ORIGINAL DATE 3/20/15  
LAST UPDATED \_\_\_\_\_ HB \_\_\_\_\_  
SHORT TITLE Physician & Assistant Collaboration SB 615/SPACS  
ANALYST Elkins

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

	FY15	FY16	FY17	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>		NFI	NFI			

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

Responses Received From  
Medical Board (MB)

### SUMMARY

#### Synopsis of Bill

Senate Public Affairs Committee Substitute for Senate Bill 615 amends the Medical Practices Act which governs the relationship between physicians and physician assistants. SB 615 removes the requirement that physician assistants have a direct “supervising” physician and instead requires “collaboration” between physician assistants and physicians. “Collaboration” is defined as the process by which physicians and physician assistants jointly contribute to the health care and medical treatment of patients within their respective scopes of practice and that does not require the physical presence of the physician while services are being rendered. The bill allows physician assistants to prescribe, administer, and distribute drugs other than Schedule 1 controlled substances in collaboration with a licensed physician. Current statute allows physician assistants to prescribe, administer, and distribute drugs under the direction of a supervising licensed physician.

The bill strikes the subsection of the Medical Practices Act requiring physician assistants to ensure that their supervising licensed physician is registered with the Medical Board. Also, the bill strikes the requirement that physician assistants renew their registration of supervision biennially.

### FISCAL IMPLICATIONS

There are no identified fiscal implications.

## SIGNIFICANT ISSUES

According to the American Academy of Physician Assistants:

Ideally, state laws should define supervision and include provisions that allow for customization of healthcare teams to best meet the needs of patients. Because of the diversity of settings and specialties in which PAs practice, a specific requirement for onsite presence of the physician will be unavoidably arbitrary. Certain requirements may be appropriate for some settings, but would be too restrictive or permissive in others. For example, state laws that require a physician to be on-site for a specified amount of time can be a barrier to care in some circumstances. A much more patient-sensitive approach is to allow the teams to match supervision to the specific needs of the practice.

A growing number of state laws are being modified to improve a physician's ability to extend access to care through PA teams. States are using language that defines supervision more broadly, authorizing communication by electronic means, and are repealing laws that require physicians to be present at their practices for a set number of hours or within a specified proximity.

State laws governing the physician-PA team should include provisions that require physician supervision, but allow for reasonable flexibility to allow doctors and PAs to provide patient care effectively and efficiently.

<https://www.aapa.org/WorkArea/DownloadAsset.aspx?id=635>