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FISCAL IMPACT REPORT

SPONSOR: Komadina DATE TYPED: 03/12/03 HB _____
 SHORT TITLE: Anesthesiologist Assistants SB 73/aSPAC/aSJC
 ANALYST: Geisler

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY03	FY04	FY03	FY04		
			Minimal 0.1	Non-recurring	OSF

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

Responses Received From
 Board of Medical Examiners (BME)
 Department of Health (DOH)
 Board of Nursing (BON)

SUMMARY

Synopsis of SJC Amendments

The Senate Judiciary Committee amendments to SB 73:

1. Strikes and replace SPAC amendment 2 which provided definitions and scope of authority for anesthesiologist assistants. Changes include:
 - Deleting “foreign training” from the definition of “anesthesiologist” (the bill still allows “foreign certification”).
 - Eliminating anesthesiologist assistants authority to order laboratory tests, x-rays, and diagnostic procedures [Section 2, C(1)].
2. Reduces the number of anesthesiologist assistants a supervising anesthesiologist may supervise from 4 to 3.

Synopsis of SPAC Amendments

The Senate Public Affairs Committee amendments to SB 73 added new sections to provide definitions (anesthesiologist, anesthesiologist assistant, applicant, board, & license) and clarify licensure, registration, and scope of authority of anesthesiologist assistants.

Synopsis of Original Bill

Senate Bill 73 would amend 61-6-10.9 NMSA 1978 to increase from two to four the number of anesthesiologist assistants that a supervising anesthesiologist could supervise, except in emergency cases.

Significant Issues

The Board of Medical Examiners has no major issues with this proposal. It is primarily a scope of practice issue between certified registered nurse anesthetists (CRNA) and anesthesiologist assistants (and their supervising physicians). According to the Board of Nursing, some CRNAs question if one anesthesiologist can properly supervise four anesthesiology assistants, especially if all four patients become unstable at the same time.

FISCAL IMPLICATIONS

The BME estimates the cost of implementing this change at less than \$500, which would include publishing in the New Mexico Register, advertising the hearing, etc.

ADMINISTRATIVE IMPLICATIONS

According to the BME there will be minimal administrative implications relating to the rule change.

OTHER SUBSTANTIVE ISSUES

The position of the supervising anesthesiologists is that they can safely supervise a higher number of anesthesiologist assistants (AA) than is currently allowed by law. An increase in the number of AAs supervised will allow more anesthesia services to be offered at the University of NM hospital (since that is the only facility allowed to employ AAs), thus increasing access to care and potentially lowering costs.

A physician is required to be present in the operating suite while the AA is providing anesthesia services. The physician must be present in the operating room during induction of anesthetic and during emergence from general anesthesia, the two most critical times during anesthesia. During the remainder of the surgical procedure the supervising anesthesiologist must be immediately available to the room in the operating suite where the licensed AA is providing service. The supervising anesthesiologist is responsible for oversight of all activities and services.

Most states that license anesthesiologist assistants allow for the supervision of 4 anesthesiologist assistants by 1 anesthesiologist. The Centers for Medicare and Medicaid Services will reimburse for the services of up to 4 anesthesia providers (involving any combination of nurse anesthetists and anesthesiologist assistants) supervised by one anesthesiologist.

The Board of Nursing points out that there are few anesthesiologist assistants nationwide and that they found little information relating to outcome studies of their work that measure their effectiveness and safety record, especially compare to other providers.