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FISCAL IMPACT REPORT

SPONSOR: Begaye DATE TYPED: 03/11/03 HB 679/aHBIC/aHTRC

SHORT TITLE: Auricular Detoxification Specialists SB _____

ANALYST: Geisler

REVENUE

Estimated Revenue		Subsequent Years Impact	Recurring or Non-Rec	Fund Affected
FY03	FY04			
	\$2.0	\$2.0	Recurring	OSF

(Parenthesis () Indicate Revenue Decreases)

Relates to: HB 265, Recognition of Doctors of Oriental Medicine

SOURCES OF INFORMATION

Responses Received From
Regulation and Licensing Department (RLD)
Department of Health (DOH)

SUMMARY

Synopsis of HTRC Amendment

The House Taxation and Revenue Committee Amendment to HB 679 reduced the reporting requirements for certified auricular detoxification specialists and auricular detoxification specialist supervisors by striking Subsection K of the bill which allows the board the option of requiring the certified auricular detoxification specialist and the supervisor of the auricular detoxification specialist to collect and present data to the board.

Synopsis of HBIC Amendments

The House Business and Industry Committee amendments to HB 679 strengthen board oversight of auricular detoxification specialist certification, practice, and supervision in addition to streamlining supervision and reporting requirements. Major changes included:

- Clarification that the certified auricular detoxification specialist must complete a board ap-

proved training program that will include examinations on clean needle technique, jurisprudence, and other skills required by the board.

- The certified auricular detoxification specialist shall utilize board approved treatment devices.
- The certified auricular detoxification specialist shall only practice in a board approved program that demonstrates experience in disease prevention, harm reduction or the treatment or prevention of alcoholism, substance abuse or chemical dependency.
- The certified auricular detoxification specialist shall practice under the supervision of a licensed doctor of oriental medicine registered with the board as an auricular detoxification specialist supervisor.
- Removal of the requirement that the auricular detoxification specialist supervisor shall be accessible for consultation directly or by phone every time treatment is performed.
- Removal of the requirement that the auricular detoxification specialist supervisor shall evaluate a certified auricular detoxification specialist's patients and review treatment plans. (A treatment plan, if necessary, is the responsibility of the program providing the treatment-- not a supervisor overseeing the correct application of a method or technique used as part of the treatment. Note: supervision requirements shall be provided by rule of the board.
- Removes the requirement that auricular detoxification specialist supervisor prepare and submit to the board a tabulation and analysis of treatment outcomes as part of annual registration renewal.

Synopsis of Original Bill

House Bill 679 proposes to establish a new section of the Acupuncture and Oriental Medicine Practice Act allowing for the licensure of specialists trained in auricular detoxification techniques for the treatment of alcoholism, substance abuse or chemical dependency. Specifically, HB 679 would establish the requirements and procedures for the certification of auricular detoxification specialists, the supervision of specialists, training program approval, and the provision of fees.

Significant Issues

Substance abuse and the limited availability of drug and alcohol treatment in New Mexico is a legitimate public health concern that has great impact in the areas of social services, mental health and disease prevention. The use of auricular detoxification is a recognized alternative treatment method which can be both inexpensive and cost effective and would help to augment traditional inpatient and outpatient treatment programs, as well as outreach and community-based services.

The National Acupuncture Detoxification Association (NADA) protocol has recently received federal approval for use in assisting with drug treatment for individuals with chemical dependence. New Mexico has many outreach programs outside of traditional treatment settings that can utilize this auricular detoxification protocol to assist in risk reduction with clients. Also, this protocol could benefit providers working with the drug courts and with DWI programs.

FISCAL IMPLICATIONS

RLD reports the enactment of HB 679 will generate approximately \$2.0 in revenues based on 20

applicants. There may be minor costs associated with application packets, rule hearings, rule drafting and rule filing. The DOH states the proposed fee ceilings might allow interested providers to receive the training and become certified at a reasonable cost. However, publicly-funded treatment agencies may not be able to absorb the necessary costs associated with this beneficial alternative treatment technique.

ADMINISTRATIVE IMPLICATIONS

The enactment of House Bill 679 will result in minor paperwork for the RLD's Board of Acupuncture and Oriental Medicine staff. A tracking system must be developed and maintained. Existing staff will manage the auricular detoxification program.

RELATIONSHIP

HB 679 is related to HB 265, which would recognize doctors of oriental medicine.

TECHNICAL ISSUES

Per DOH, on page 3, line 9, the use of the word natural in "simple natural devices" may be misleading if acupuncture needles can be used as part of the technique

OTHER SUBSTANTIVE ISSUES

The following is additional background provided by the DOH:

Specialists trained in auricular detoxification techniques currently offer therapy in many sites around the USA including Maryland, Arizona, Indiana, Georgia, and Virginia. Treatment settings include hospitals, jails, detox centers, harm reduction sites, and outpatient clinics, all of which are regulated by public health authorities. These techniques are not intended to replace the higher skills of acupuncturists or other professionals; therefore, it is appropriate that the specialists be trained and supervised by certified acupuncturists. Since many acupuncturists do not have specific training in the area of substance abuse, this is an effective means to provide another tool to these practitioners.

Two programs have recently been providing Acu-detox services by acupuncturists in New Mexico. One has been through the Turquoise Lodge treatment center, and the other through the Health Care for the Homeless Harm Reduction Center. Both have reported successful outcomes in working with clients, under very different circumstances.

Currently, little or no funding exists to support an acupuncturist providing such services in the state, especially in rural areas where extensive travel would be required to provide regular and consistent services. The licensing of specialists would make it possible for existing programs to have their employees or volunteers trained and certified to provide these services.

HB 679 seems overly demanding in regards to testing, on-site supervision and record keeping. In order for the potential of this technique to contribute widely, it needs to be as accessible, cost-effective, and available as possible. Several recommendations for appropriately improving HB 679 in this regard are provided in the Amendments section. Each amendment has suggested wording changes, followed by the rationale for the change.

AMENDMENTS

The DOH recommends the following amendments which are supported by RLD:

1. Beginning on page 2, line 25; delete Section B, subsection (3). Insert as subsection (3) “Complete a Board approved training program that will include examinations on clean needle technique, jurisprudence, and any other skills required by the Board”. (All examinations should be administered within an approved training program to remain cost effective.)
2. On page 3, line 9; strike the word “natural”. Insert the words “Board Approved” between the words “simple” and “devices”.
3. On page 3, line 16, strike the words, “an established program for the treatment or.” Strike lines 17 and 18. Insert on line 16, after the word “within”, the words “a program which demonstrates experience in disease prevention, harm reduction, or the treatment or prevention of alcoholism, substance abuse or chemical dependency.”
4. On page 4, line 17; strike the words “any time treatment is performed”. Insert on line 17 following the word “telephone” on line 16, “to a practicing specialist.” (Consultation should be available, but any urgent issue that may arise while treating a patient [e.g., seizure] would be more appropriately handled by activating EMS [calling 911] than by consulting a supervisor.)
5. On page 4, lines 17 through 20, strike the sentence “The supervising doctor of oriental medicine shall evaluate the patient and review the treatment plan for a patient at a frequency defined by rules promulgated by the board.” (A treatment plan, if necessary, is the responsibility of the program providing the treatment or counseling service based on the requirements of that program [e.g., drug courts], not a supervisor overseeing the correct application of a method or technique used as part of the treatment. It would also then be required of the supervisor to be on site to interact with a client, which will be difficult considering the rural nature of the state. Outreach and prevention programs often have only sporadic contact with clients, making the evaluation of every client on an occasional visit impossible.)
6. On page 5, lines 17 and 18, strike the words “a tabulation and analysis of treatment outcomes”. (Tabulation and analysis are the responsibilities of the program providing the treatment or counseling service, not a supervisor overseeing the correct application of a method or technique used as part of the treatment. A certified Doctor of Oriental Medicine is not required to present this type of data to be re-certified as an acupuncturist. It seems unnecessary to require this of a less specific technique. There is also the Health Insurance Portability and Accountability Act [HIPAA] issue of providing “client-identifying” data to a board. This needs further review before wording on client data can be inserted.)
7. On page 6, line 21; strike the words “tabulation and analysis of treatment outcomes”. (Tabulation and analysis are the responsibilities of the program providing the treatment or counseling service, not a supervisor overseeing the correct application of a method or technique used as part of the treatment. Outcomes data may require sophisticated research and involve HIPAA compliance, making the act of supervision prohibitive.)