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## FISCAL IMPACT REPORT

SPONSOR Picraux DATE TYPED 02/03/05 HB 639

SHORT TITLE Permanent Nursing Practice Programs SB \_\_\_\_\_

ANALYST Moser

### APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
NFI	NFI	NFI	NFI	NFI	NFI

(Parenthesis ( ) Indicate Expenditure Decreases)

### REVENUE

Estimated Revenue		Subsequent Years Impact	Recurring or Non-Rec	Fund Affected
FY05	FY06			
None	Unable to ascertain at this time		Recurring	Other state funds

(Parenthesis ( ) Indicate Revenue Decreases)

Duplicates and may conflict with SB 119

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Board of Nursing

Miners Colfax Medical Center

### SUMMARY

#### Synopsis of Bill

HB 639 amends the Nursing Practice Act to unify Certified Medication Aide (CMA) programs into one statewide program/statute, under the regulatory control of the Board of Nursing. Definitions, including specific program definitions for Certified Medication Aides and Certified Hemodialysis Technicians (CHT) are updated.

HB 639 empowers the Board of Nursing to continue to set standards and adopt rules governing the certification of medication aides and hemodialysis technicians, as well as medication aide and hemodialysis technician training programs.

HB 639 further establish new maximum allowable fees for CMA and CHT certification, training program approval and periodic evaluation, as well as establishment of maximum allowable fees for licensed nurses. HB 639 deletes language that is contrary to interstate COMPACT licensure. HB639 also eliminates the “sunset” provision.

### Significant Issues

The Board of Nursing has recently concluded “pilot” programs in both the Long Term Care and Public School settings and reported to the legislature that these programs were positive in showing the medication aide model could be used successfully with licensed nursing oversight in different settings. HB 639 allows for the expansion of Certified Medication Aide programs that meet regulatory standards and requirements thus allowing entities not yet in these programs to apply for recognition without the need to amend the statute each time a new “pilot” is established.

By setting a reasonable “ceiling” for fees the board will be able to meet its fiscal responsibility in regulation of these programs, certificate holders and licensees. Revenue estimates cannot be made until the Board determines the fees to be charged within the discretion granted. The board of nursing’s revenue comes from fees it collects. The board receives no general fund money.

Certified Medication Aides are the only unlicensed assistive personnel that nurses can legally delegate medication administration. The requested amendments will enable those certified medication aides in many settings to administer routine medications, under strict supervisory control and at the direction of a registered nurse. The Board feels that this will allow the nurse the additional time to do professional care that is distinctly “nursing”, and do it within the standards and scope as allowed by law.

Repeal of 61-3-24.3 is essential to maintain the integrity of “Compact” language throughout the country. The inclusion of 61-3-24.3 in current statute is contrary to national compact language and would preclude New Mexico as a COMPACT state, immediately affecting thousands of nurses’ ability to work in New Mexico under other state COMPACT licenses.

The board of nursing requests the repeal of 61-3-31, sunset provision, as any termination of agency life, however brief and for whatever reason, would not be conducive to the safety of the citizens of New Mexico as it would disallow NM nurses from practicing in other states, including those bordering states that many are currently practicing in; and, it would preclude any other nurses from coming in to NM to work without a current statute in place.

The Board also argues for enactment of an emergency clause in order to allow the medication aides currently certified under the “pilot” statue and rules to continue in their work settings without a disruption. It is not clear as to why it is necessary to impose this requirement immediately. Waiting until a July 1, 2006 effective date would have no adverse impact.

## **PERFORMANCE IMPLICATIONS**

HB 639 directly impacts the operational functions of the Board of Nursing in that there will be additional responsibilities addressing increases in training, certification process and program review in the areas of medication aides.

## **FISCAL IMPLICATIONS**

The Board of Nursing receives its revenue from licensing and certification fees. By having the minimum “ceiling” increased in statute, the Board will be able to evaluate and implement any possible fee increases that may need to be made in order to do the regulatory work.

## **ADMINISTRATIVE IMPLICATIONS**

The anticipated increase in the number of medication aides can be supported by existing staff. The increase needed in resources to maintain testing, certification, recertification, auditing and survey evaluation will also be able to be maintained within current budget. If growth expands at a faster rate than anticipated there may be additional FTE requirements.

By placing these aides under the supervision and direction of licensed nurses collective bargaining relationships with nurses who are currently represented by unions may be impacted because of these supervisory duties and responsibilities.

## **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

SB 119 duplicates and conflicts with this bill.

## **WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?**

The Board of Nursing feels that if this bill is not enacted the medication aides that have been in the “pilot” programs in long term care and public schools would no longer be able to practice in those settings. Other entities that may wish to apply for certified medication aide program status would be unable to do so without more expense and legislation to enact another “pilot” program.

A dire consequence of not enacting this bill pertains specifically to the interstate COMPACT. If this language is not repealed the practice of many nurses in healthcare settings throughout the state would be in jeopardy.

**GM/sb:lg**