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F I S C A L I M P A C T R E P O R T

SPONSOR Komadina **ORIGINAL DATE** 01/26/2007 **LAST UPDATED** **HB**

SHORT TITLE **Permit Certain Unlicensed Health Care** **SB** 18

ANALYST

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY07	**FY08**		
	NFI		

(Parenthesis ( ) Indicate Expenditure Decreases)

SOURCES OF INFORMATION
LFC Files

Responses Received From
New Mexico Medical Board (NMMB)
New Mexico Board of Nursing (NMBN)

SUMMARY

Synopsis of Bill

Senate Bill18 proposes to exempt persons engaged in traditional, cultural, complementary or alternative health care from licensure requirements of the NM Uniform Licensing Act.

SIGNIFICANT ISSUES

The NM Medical Board indicates that the issue of unlicensed individuals practicing various forms of health care is of great concern because of the wide variety of individual training, methods utilized, efficacy or lack thereof, and the potential for public harm. The board states that "…there are many, many traditional healers and practitioners of complementary and alternative health care who are competent, safe, honest and ethical, and who have nothing but the best interest of their clients at heart. However, there are also many individuals who are not well-trained, who use experimental and often harmful techniques, and who make false promises of efficacy to vulnerable patients."

The Board of Nursing indicates that the Uniform Licensing Act does not appear to be the appropriate place to have this language. The board states that "… the Uniform Licensing Act is intended to give "due process" to those whose practice is regulated by virtue of having a license. Exceptions to practice should be in each individual practice act." The nursing board indicates that while they are unsure of exactly where this kind of language should reside they feel that the ULA is specific to "licensees" and defines the legal due process that is afforded; and section 61-1-3.2 already clearly states that action is only taken on those that engage in a profession/occupation that is already required to have a license. As "alternative" providers are, in many cases, not licensed by a board, the nursing board argues that this is a "moot" point. The board states that it is only when a licensed health care provider puts themselves out as an "alternative" health care provider and also identifies themselves as a licensed healthcare provider (i.e., Doctor, Nurse, Respiratory Therapist, etc.) would a board have jurisdiction regarding the scope of practice of that person. There is nothing in ULA that would currently prohibit any "alternative" provider from continuing their unlicensed practice.

OTHER SUBSTANTIVE ISSUES

In addition to the concerns mentioned above, the medical board additionally indicates that SB18 artificially puts two very distinct groups into one category. Indigenous, traditional and cultural healers in general utilize techniques that are non-invasive and that have been used for generations. The umbrella of "complementary and alternative health care" is broad enough to include trained practitioners who utilize non-invasive and well-tested therapies – but also poorly-trained practitioners who use techniques and therapies that are not only <u>not</u> well-tested but for which there is sometimes significant evidence that they can actually be harmful. If the bill seeks to support traditional and indigenous healers they should be separated from complementary and alternative medicines which should receive a more critical evaluation.

Many practitioners of complementary and alternative health care have petitioned the Legislature for several years now to create licensing boards for their fields, precisely because they would like to have some measure of ensuring the qualifications and accountability of practitioners in their profession.

GM/nt