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## FISCAL IMPACT REPORT

ORIGINAL DATE 02/20/07

SPONSOR   SJC   LAST UPDATED \_\_\_\_\_ HB \_\_\_\_\_

SHORT TITLE   Clarifying Oriental Medicine Practice   SB   353/SJCS  

ANALYST   Hanika Ortiz  

### REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Non-Rec	Fund Affected
FY07	FY08	FY09		
	(\$0.75)		Recurring	Board of Acupuncture and Oriental Medicine

(Parenthesis ( ) Indicate Revenue Decreases)

### SOURCES OF INFORMATION

LFC Files

### SUMMARY

#### Synopsis of Bill

The Senate Judiciary Committee Substitute amends the Acupuncture and Oriental Medicine Practice Act in three areas:

Amends 61-14A-3 NMSA 1978 and expands the definition of “techniques of oriental medicine” to add combining and dispensing of a variety of substances and devices as described in the bill and defined in the New Mexico Drug, Device and Cosmetics Act; and, nonprescription drugs as they are defined in the Pharmacy Act.

Amends Section 61-14A-4.1 NMSA 1978 and deletes the annual renewal requirement and fee for doctors of oriental medicine who register to supervise certified auricular detoxification specialists.

Amends Section 61-14A-8.1 NMSA 1978 to allow the board to issue expanded practice and prescriptive authority certifications for certain substances as defined in the New Mexico Drug, Device and Cosmetic Act, the Controlled Substances Act or the Pharmacy Act; and, issue more specialized certifications to distinguish among those licensees who specialize in basic injection therapy, injection therapy, intravenous therapy and bioidentical hormone therapy subject to rules

established by the board. The amendment further clarifies that compounding of drugs must comply with the compounding requirements for licensed health care professionals in the United States Pharmacopoeia and National Formulary.

The bill makes minor language and style changes throughout.

### **FISCAL IMPLICATIONS**

RLD reports from the original bill that there are only ten (10) certified supervising Doctors of Oriental Medicine. Renewal is a maximum of \$75 so the fiscal impact verses the administrative time to process the renewal is minimum.

### **SIGNIFICANT ISSUES**

The New Mexico Board of Acupuncture and Oriental Medicine requires all approved applicants for licensure show proof of having completed an educational program comprised of 2400 hours. The 2400 total hours must have 1100 didactic hours with a minimum of 450 hours in herbology; and, 900 clinical supervised hours with a minimum of 400 actual patient treatment hours performed.

The Medical Board is concerned about possible consequences for the public health and safety of New Mexicans that might derive from the use of IV therapy by practitioners whose primary training is in the use of needles and injections subcutaneously; with, comparatively little education in intravenous injections and their possibly quite serious complications.

### **PERFORMANCE IMPLICATIONS**

Relating to the bill's expanded prescriptive authority provisions; as new methods of administrating medicines are developed, such as intravenous injections of herbal extracts, the consumer (patient) may be better protected if the Board is required to adopt rules determined by the Department Of Health for any additional training required for the practice of basic injection therapy, injection therapy, intravenous therapy or any other procedure requiring penetration of the skin or vascular system.

### **ADMINISTRATIVE IMPLICATIONS**

The amendment allows for a doctor of oriental medicine to renew one license instead of the two required if he were also supervising a certified auricular detoxification specialist. RLD reports the administrative implications as minimal due to the low volume of certified supervising Doctors of Oriental Medicine.

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

Relates to SB 359, Scope of Practice Act, to create a unified, objective process for review of all proposed changes in the scope of practice of licensed health care professionals.

### **TECHNICAL ISSUES**

Pg 3,G,(2) "combining and providing" are used instead of "compounding and dispensing" as

used on pg 13,C within paragraphs (1) and (2). Also, the list of substances within pg 3,G,(2) are different than the list on pg 13,C,(1).

### **OTHER SUBSTANTIVE ISSUES**

Compounded pharmaceuticals, dietary supplements and hormones are the result of the practice of custom preparing ingredients to create medicines that meet the needs of an individual patient. Options cover alternate dosage forms, discontinued combinations, preservative free formulations, injectables and over-the-counter formulations. One benefit of compounding is the wide range of delivery alternatives available including creams, ointments, lotions, lozenges, suppositories, sublingual troches, sprays, inserts and implants.

Injection therapy utilizes the injection of medicinal herbs into acupuncture points to prevent or treat diseases. Intravenous injections of herbal or botanical extracts are a relatively new method of medicine administration for doctors of Chinese medicine.

AHO/nt