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AN ACT

RELATING TO LICENSING; REPEALING THE OSTEOPATHIC MEDICINE ACT; AMENDING THE MEDICAL PRACTICE ACT TO INCLUDE PROVISIONS PERTAINING TO OSTEOPATHIC AND MEDICAL PHYSICIANS AND OSTEOPATHIC PHYSICIAN ASSISTANTS; INCREASING CERTAIN FEES; TRANSFERRING FUNCTIONS, PERSONNEL, MONEY, APPROPRIATIONS, RECORDS, FURNITURE, EQUIPMENT, SUPPLIES AND OTHER PROPERTY FROM THE BOARD OF OSTEOPATHIC MEDICINE TO THE NEW MEXICO MEDICAL BOARD.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 7-9-77.1 NMSA 1978 (being Laws 1998, Chapter 96, Section 1, as amended) is amended to read:

"7-9-77.1. DEDUCTION--GROSS RECEIPTS TAX--CERTAIN MEDICAL AND HEALTH CARE SERVICES.--

A. Receipts of a health care practitioner from payments by the United States government or any agency thereof for provision of medical and other health services by a health care practitioner or of medical or other health and palliative services by hospices or nursing homes to medicare beneficiaries pursuant to the provisions of Title 18 of the federal Social Security Act may be deducted from gross receipts.

B. Receipts of a health care practitioner from payments by a third-party administrator of the federal

1 TRICARE program for provision of medical and other health
2 services by medical doctors and osteopathic physicians to
3 covered beneficiaries may be deducted from gross receipts.

4 C. Receipts of a health care practitioner from
5 payments by or on behalf of the Indian health service of the
6 United States department of health and human services for
7 provision of medical and other health services by medical
8 doctors and osteopathic physicians to covered beneficiaries
9 may be deducted from gross receipts.

10 D. Receipts of a clinical laboratory from payments
11 by the United States government or any agency thereof for
12 medical services provided by the clinical laboratory to
13 medicare beneficiaries pursuant to the provisions of Title 18
14 of the federal Social Security Act may be deducted from gross
15 receipts.

16 E. Receipts of a home health agency from payments
17 by the United States government or any agency thereof for
18 medical, other health and palliative services provided by the
19 home health agency to medicare beneficiaries pursuant to the
20 provisions of Title 18 of the federal Social Security Act may
21 be deducted from gross receipts.

22 F. Prior to July 1, 2024, receipts of a dialysis
23 facility from payments by the United States government or any
24 agency thereof for medical and other health services provided
25 by the dialysis facility to medicare beneficiaries pursuant

1 to the provisions of Title 18 of the federal Social Security
2 Act may be deducted from gross receipts.

3 G. A taxpayer allowed a deduction pursuant to this
4 section shall report the amount of the deduction separately
5 in a manner required by the department. A taxpayer who has
6 receipts that are deductible pursuant to this section and
7 Section 7-9-93 NMSA 1978 shall deduct the receipts under this
8 section prior to calculating the receipts that may be
9 deducted pursuant to Section 7-9-93 NMSA 1978.

10 H. The department shall compile an annual report
11 on the deductions created pursuant to this section that shall
12 include the number of taxpayers approved by the department to
13 receive each deduction, the aggregate amount of deductions
14 approved and any other information necessary to evaluate the
15 effectiveness of the deductions. The department shall
16 compile and present the annual reports to the revenue
17 stabilization and tax policy committee and the legislative
18 finance committee with an analysis of the effectiveness and
19 cost of the deductions and whether the deductions are
20 providing a benefit to the state.

21 I. For the purposes of this section:

22 (1) "clinical laboratory" means a laboratory
23 accredited pursuant to 42 USCA 263a;

24 (2) "dialysis facility" means an end-stage
25 renal disease facility as defined pursuant to 42 C.F.R.

1 405.2102;

2 (3) "health care practitioner" means:

3 (a) an athletic trainer licensed
4 pursuant to the Athletic Trainer Practice Act;

5 (b) an audiologist licensed pursuant to
6 the Speech-Language Pathology, Audiology and Hearing Aid
7 Dispensing Practices Act;

8 (c) a chiropractic physician licensed
9 pursuant to the Chiropractic Physician Practice Act;

10 (d) a counselor or therapist
11 practitioner licensed pursuant to the Counseling and Therapy
12 Practice Act;

13 (e) a dentist licensed pursuant to the
14 Dental Health Care Act;

15 (f) a doctor of oriental medicine
16 licensed pursuant to the Acupuncture and Oriental Medicine
17 Practice Act;

18 (g) an independent social worker
19 licensed pursuant to the Social Work Practice Act;

20 (h) a massage therapist licensed
21 pursuant to the Massage Therapy Practice Act;

22 (i) a naprapath licensed pursuant to
23 the Naprapathic Practice Act;

24 (j) a nutritionist or dietitian
25 licensed pursuant to the Nutrition and Dietetics Practice

1 Act;

2 (k) an occupational therapist licensed
3 pursuant to the Occupational Therapy Act;

4 (l) an optometrist licensed pursuant to
5 the Optometry Act;

6 (m) an osteopathic physician licensed
7 pursuant to the Medical Practice Act;

8 (n) a pharmacist licensed pursuant to
9 the Pharmacy Act;

10 (o) a physical therapist licensed
11 pursuant to the Physical Therapy Act;

12 (p) a physician licensed pursuant to
13 the Medical Practice Act;

14 (q) a podiatrist licensed pursuant to
15 the Podiatry Act;

16 (r) a psychologist licensed pursuant to
17 the Professional Psychologist Act;

18 (s) a radiologic technologist licensed
19 pursuant to the Medical Imaging and Radiation Therapy Health
20 and Safety Act;

21 (t) a registered nurse licensed
22 pursuant to the Nursing Practice Act;

23 (u) a respiratory care practitioner
24 licensed pursuant to the Respiratory Care Act; and

25 (v) a speech-language pathologist

1 licensed pursuant to the Speech-Language Pathology, Audiology
2 and Hearing Aid Dispensing Practices Act;

3 (4) "home health agency" means a for-profit
4 entity that is licensed by the department of health and
5 certified by the federal centers for medicare and medicaid
6 services as a home health agency and certified to provide
7 medicare services;

8 (5) "hospice" means a for-profit entity
9 licensed by the department of health as a hospice and
10 certified to provide medicare services;

11 (6) "nursing home" means a for-profit entity
12 licensed by the department of health as a nursing home and
13 certified to provide medicare services; and

14 (7) "TRICARE program" means the program
15 defined in 10 U.S.C. 1072(7)."

16 SECTION 2. Section 13-7-23 NMSA 1978 (being Laws 2020,
17 Chapter 58, Section 1) is amended to read:

18 "13-7-23. PHARMACIST PRESCRIPTIVE AUTHORITY SERVICES--
19 REIMBURSEMENT PARITY.--A group health plan shall reimburse a
20 participating provider that is a certified pharmacist
21 clinician or pharmacist certified to provide a prescriptive
22 authority service who provides a service at the standard
23 contracted rate that the group health plan reimburses, for
24 the same service under that group health plan, any licensed
25 physician or physician assistant licensed pursuant to the

1 Medical Practice Act or any advanced practice certified nurse
2 practitioner licensed pursuant to the Nursing Practice Act."

3 SECTION 3. Section 21-22D-3 NMSA 1978 (being Laws 1995,
4 Chapter 144, Section 18, as amended) is amended to read:

5 "21-22D-3. DEFINITIONS.--As used in the Health
6 Professional Loan Repayment Act:

7 A. "department" means the higher education
8 department;

9 B. "health professional" means a primary care
10 physician, optometrist, podiatrist, physician's assistant,
11 dentist, nurse, member of an allied health profession as
12 defined in the Allied Health Student Loan for Service Act or
13 a licensed or certified health professional as determined by
14 the department;

15 C. "loan" means a grant of money to defray the
16 costs incidental to a health education, under a contract
17 between the federal government or a commercial lender and a
18 health professional, requiring either repayment of principal
19 and interest or repayment in services;

20 D. "nurse in advanced practice" means a registered
21 nurse, including a:

22 (1) certified nurse practitioner, certified
23 registered nurse anesthetist or clinical nurse specialist,
24 authorized pursuant to the Nursing Practice Act to function
25 beyond the scope of practice of professional registered

1 nursing; or

2 (2) certified nurse-midwife licensed by the
3 department of health; and

4 E. "osteopathic primary care physician" means an
5 osteopathic physician licensed pursuant to the Medical
6 Practice Act with specialty training in family medicine,
7 general internal medicine, obstetrics, gynecology or general
8 pediatrics."

9 SECTION 4. Section 21-22D-12 NMSA 1978 (being Laws
10 2019, Chapter 68, Section 2) is amended to read:

11 "21-22D-12. OSTEOPATHIC PHYSICIAN EXCELLENCE FUND.--The
12 department shall apply funds appropriated to the department
13 from the osteopathic physician excellence fund established
14 pursuant to Section 21-22D-13 NMSA 1978 exclusively for
15 health professional loan repayment assistance for osteopathic
16 primary care physicians who are licensed pursuant to the
17 Medical Practice Act and who practice in areas of New Mexico
18 that the department has designated as underserved."

19 SECTION 5. Section 21-26-4 NMSA 1978 (being Laws 1983,
20 Chapter 195, Section 4) is amended to read:

21 "21-26-4. INTERN PROGRAM--HIGHER EDUCATION DEPARTMENT
22 CONTRACT--REGULATIONS.--The higher education department
23 shall:

24 A. in cooperation with the hospitals and the New
25 Mexico medical board, develop an intern training program to

1 provide postdoctoral training for osteopathic interns;

2 B. contract with hospitals to provide intern
3 training programs; and

4 C. promulgate regulations to carry out the
5 provisions of the Osteopathic Intern Act, including program
6 requirements, distribution of training funds and matching
7 fund and financial accountability requirements of hospitals
8 receiving intern training funds; provided, however, for the
9 purposes of this subsection, "matching funds" may include the
10 provision of in-kind services. Regulations of the department
11 shall be filed in accordance with the State Rules Act."

12 SECTION 6. Section 22-13-31 NMSA 1978 (being Laws 2010,
13 Chapter 96, Section 1, as amended) is amended to read:

14 "22-13-31. BRAIN INJURY--PROTOCOLS TO BE USED BY
15 COACHES FOR BRAIN INJURIES RECEIVED BY STUDENTS IN SCHOOL
16 ATHLETIC ACTIVITIES--TRAINING OF COACHES AND STUDENT
17 ATHLETES--INFORMATION TO BE PROVIDED TO COACHES, STUDENT
18 ATHLETES AND STUDENT ATHLETES' PARENTS OR GUARDIANS--
19 REQUIRING ACKNOWLEDGMENT OF TRAINING AND INFORMATION--
20 NONSCHOLASTIC YOUTH ATHLETIC ACTIVITY ON SCHOOL DISTRICT
21 PROPERTY--BRAIN INJURY PROTOCOL COMPLIANCE--CERTIFICATION.--

22 A. A coach shall not allow a student athlete to
23 participate in a school athletic activity on the same day
24 that the student athlete:

25 (1) exhibits signs, symptoms or behaviors

1 consistent with a brain injury after a coach, a school
2 official or a student athlete reports, observes or suspects
3 that a student athlete exhibiting these signs, symptoms or
4 behaviors has sustained a brain injury; or

5 (2) has been diagnosed with a brain injury.

6 B. A coach may allow a student athlete who has
7 been prohibited from participating in a school athletic
8 activity pursuant to Subsection A of this section to
9 participate in a school athletic activity no sooner than two
10 hundred forty hours from the hour in which the student
11 athlete received a brain injury and only after the student
12 athlete:

13 (1) no longer exhibits any sign, symptom or
14 behavior consistent with a brain injury; and

15 (2) receives a written medical release from
16 a licensed health care professional.

17 C. Each school district shall ensure that each
18 coach participating in school athletic activities and each
19 student athlete in the school district receives training
20 provided pursuant to Paragraph (1) of Subsection D of this
21 section.

22 D. The New Mexico activities association shall
23 consult with the brain injury advisory council and school
24 districts to promulgate rules to establish:

25 (1) protocols and content consistent with

1 current medical knowledge for training each coach
2 participating in school athletic activities and each student
3 athlete to:

4 (a) understand the nature and risk of
5 brain injury associated with athletic activity;

6 (b) recognize signs, symptoms or
7 behaviors consistent with a brain injury when a coach or
8 student athlete suspects or observes that a student athlete
9 has received a brain injury;

10 (c) understand the need to alert
11 appropriate medical professionals for urgent diagnosis or
12 treatment; and

13 (d) understand the need to follow
14 medical direction for proper medical protocols; and

15 (2) the nature and content of brain injury
16 training and information forms and educational materials for,
17 and the means of providing these forms and materials to,
18 coaches, student athletes and student athletes' parents or
19 guardians regarding the nature and risk of brain injury
20 resulting from athletic activity, including the risk of
21 continuing or returning to athletic activity after a brain
22 injury.

23 E. At the beginning of each academic year or the
24 first participation in school athletic activities by a
25 student athlete during an academic year, a school district

1 shall provide a brain injury training and information form
2 created pursuant to Subsection D of this section to a student
3 athlete and the student athlete's parent or guardian. The
4 school district shall receive signatures on the brain injury
5 training and information form from the student athlete and
6 the student athlete's parent or guardian confirming that the
7 student athlete has received the brain injury training
8 required by this section and that the student athlete and
9 parent or guardian understand the brain injury information
10 before permitting the student athlete to begin or continue
11 participating in school athletic activities for that academic
12 year. The form required by this subsection may be contained
13 on the student athlete sport physical form.

14 F. As a condition of permitting nonscholastic
15 youth athletic activity to take place on school district
16 property, the superintendent of a school district shall
17 require the person offering the nonscholastic youth athletic
18 activity to sign a certification that the nonscholastic youth
19 athletic activity will follow the brain injury protocols
20 established pursuant to Section 22-13-31.1 NMSA 1978.

21 G. As used in this section:

22 (1) "academic year" means any consecutive
23 period of two semesters, three quarters or other comparable
24 units commencing with the fall term each year;

25 (2) "brain injury" means a body-altering

1 physical trauma to the brain, skull or neck caused by, but
2 not limited to, blunt or penetrating force, concussion,
3 diffuse axonal injury, hypoxia-anoxia or electrical charge;

4 (3) "licensed health care professional"

5 means:

6 (a) a practicing physician or physician
7 assistant licensed pursuant to the Medical Practice Act;

8 (b) a practicing osteopathic physician
9 licensed pursuant to the Medical Practice Act;

10 (c) a practicing certified nurse
11 practitioner licensed pursuant to the Nursing Practice Act;

12 (d) a practicing osteopathic physician
13 assistant licensed pursuant to the Medical Practice Act;

14 (e) a practicing psychologist licensed
15 pursuant to the provisions of the Professional Psychologist
16 Act;

17 (f) a practicing athletic trainer
18 licensed pursuant to the provisions of the Athletic Trainer
19 Practice Act; or

20 (g) a practicing physical therapist
21 licensed pursuant to the Physical Therapy Act;

22 (4) "nonscholastic youth athletic activity"

23 means an organized athletic activity in which the
24 participants, a majority of whom are under nineteen years of
25 age, are engaged in an athletic game or competition against

1 another team, club or entity, or in practice or preparation
2 for an organized athletic game or competition against another
3 team, club or entity. "Nonscholastic youth athletic
4 activity" does not include an elementary school, middle
5 school, high school, college or university activity or an
6 activity that is incidental to a nonathletic program;

7 (5) "school athletic activity" means a
8 sanctioned middle school, junior high school or senior high
9 school function that the New Mexico activities association
10 regulates; and

11 (6) "student athlete" means a middle school,
12 junior high school or senior high school student who engages
13 in, is eligible to engage in or seeks to engage in a school
14 athletic activity."

15 SECTION 7. Section 22-13-31.1 NMSA 1978 (being
16 Laws 2016, Chapter 53, Section 2, as amended) is amended to
17 read:

18 "22-13-31.1. BRAIN INJURY--PROTOCOLS--TRAINING OF
19 COACHES--BRAIN INJURY EDUCATION.--

20 A. A coach shall not allow a youth athlete to
21 participate in a youth athletic activity on the same day that
22 the youth athlete:

23 (1) exhibits signs, symptoms or behaviors
24 consistent with a brain injury after a coach, a league
25 official or a youth athlete reports, observes or suspects

1 that a youth athlete exhibiting these signs, symptoms or
2 behaviors has sustained a brain injury; or

3 (2) has been diagnosed with a brain injury.

4 B. A coach may allow a youth athlete who has been
5 prohibited from participating in a youth athletic activity
6 pursuant to Subsection A of this section to participate in a
7 youth athletic activity no sooner than two hundred forty
8 hours from the hour in which the youth athlete received a
9 brain injury and only after the youth athlete:

10 (1) no longer exhibits any sign, symptom or
11 behavior consistent with a brain injury; and

12 (2) receives a written medical release from
13 a licensed health care professional.

14 C. Each youth athletic league shall ensure that
15 each coach participating in youth athletic activities and
16 each youth athlete in the league receives training provided
17 pursuant to Paragraph (1) of Subsection D of this section.

18 D. The department of health shall consult with the
19 brain injury advisory council to promulgate rules to
20 establish:

21 (1) protocols and content consistent with
22 current medical knowledge for training each coach
23 participating in youth athletic activities and each youth
24 athlete to:

25 (a) understand the nature and risk of

1 brain injury associated with youth athletic activity;

2 (b) recognize signs, symptoms or
3 behaviors consistent with a brain injury when a coach or
4 youth athlete suspects or observes that a youth athlete has
5 received a brain injury;

6 (c) understand the need to alert
7 appropriate medical professionals for urgent diagnosis or
8 treatment; and

9 (d) understand the need to follow
10 medical direction for proper medical protocols; and

11 (2) the nature and content of brain injury
12 training and information forms and educational materials for,
13 and the means of providing these forms and materials to,
14 coaches, youth athletes and youth athletes' parents or
15 guardians regarding the nature and risk of brain injury
16 resulting from youth athletic activity, including the risk of
17 continuing or returning to youth athletic activity after a
18 brain injury.

19 E. At the beginning of each youth athletic
20 activity season or the first participation in youth athletic
21 activities by a youth athlete during a youth athletic
22 activity season, a youth athletic league shall provide a
23 brain injury training and information form created pursuant
24 to Subsection D of this section to a youth athlete and the
25 youth athlete's parent or guardian. The youth athletic

1 league shall receive signatures on the brain injury training
2 and information form from the youth athlete and the youth
3 athlete's parent or guardian confirming that the youth
4 athlete has received the brain injury training required by
5 this section and that the youth athlete and parent or
6 guardian understand the brain injury information before
7 permitting the youth athlete to begin or continue
8 participating in youth athletic activities for the athletic
9 season or term of participation.

10 F. As used in this section:

11 (1) "brain injury" means a body-altering
12 physical trauma to the brain, skull or neck caused by blunt
13 or penetrating force, concussion, diffuse axonal injury,
14 hypoxia-anoxia or electrical charge;

15 (2) "licensed health care professional"
16 means:

17 (a) a practicing physician or physician
18 assistant licensed pursuant to the Medical Practice Act;

19 (b) a practicing osteopathic physician
20 licensed pursuant to the Medical Practice Act;

21 (c) a practicing certified nurse
22 practitioner licensed pursuant to the Nursing Practice Act;

23 (d) a practicing osteopathic physician
24 assistant licensed pursuant to the Medical Practice Act;

25 (e) a practicing psychologist licensed

1 pursuant to the provisions of the Professional Psychologist
2 Act;

3 (f) a practicing athletic trainer
4 licensed pursuant to the provisions of the Athletic Trainer
5 Practice Act; or

6 (g) a practicing physical therapist
7 licensed pursuant to the provisions of the Physical Therapy
8 Act;

9 (3) "youth athlete" means an individual
10 under nineteen years of age who engages in, is eligible to
11 engage in or seeks to engage in a youth athletic activity;
12 and

13 (4) "youth athletic activity" means an
14 organized athletic activity in which the participants, a
15 majority of whom are under nineteen years of age, are engaged
16 in an athletic game or competition against another team, club
17 or entity, or in practice or preparation for an organized
18 athletic game or competition against another team, club or
19 entity. "Youth athletic activity" does not include an
20 elementary school, middle school, high school, college or
21 university activity or an activity that is incidental to a
22 nonathletic program."

23 SECTION 8. Section 24-2D-5.2 NMSA 1978 (being
24 Laws 2005, Chapter 140, Section 3, as amended) is amended to
25 read:

1 "24-2D-5.2. OVERDOSE PREVENTION AND PAIN MANAGEMENT
2 ADVISORY COUNCIL CREATED--DUTIES.--

3 A. The "overdose prevention and pain management
4 advisory council" is created and shall be administratively
5 attached to the department of health. Members of the council
6 shall be appointed by the governor to consist of one
7 representative each from the department of health, the human
8 services department, the department of public safety, the
9 New Mexico medical board, the board of nursing, the board of
10 pharmacy, the board of acupuncture and oriental medicine, the
11 New Mexico board of dental health care, the chiropractic
12 board, the university of New Mexico health sciences center, a
13 harm reduction organization, a third-party payer, a statewide
14 medical association, a statewide association of pharmacists,
15 a statewide association of nurse practitioners, a statewide
16 association of certified registered nurse anesthetists and a
17 statewide association of osteopathic physicians; one person
18 who is a pain management specialist; one person who is an
19 addiction specialist; one person who is a consumer health
20 care advocate; and one person who has no direct ties or
21 pecuniary interest in the health care field.

22 B. The council shall meet at least quarterly to
23 review the current status of overdose prevention and current
24 pain management practices in New Mexico and national overdose
25 prevention and pain management standards and educational

1 efforts for both consumers and professionals. The council
2 shall also make recommendations regarding overdose prevention
3 and pain management practices. The council may create
4 subcommittees as needed. Members who are not public
5 employees shall receive per diem and mileage as provided in
6 the Per Diem and Mileage Act. Public employee members shall
7 receive mileage from their respective employers for
8 attendance at council meetings."

9 SECTION 9. Section 24-14C-2 NMSA 1978 (being Laws 2011,
10 Chapter 152, Section 2, as amended) is amended to read:

11 "24-14C-2. DEFINITIONS.--As used in the Health Care
12 Work Force Data Collection, Analysis and Policy Act:

13 A. "board" means any state health care work force
14 licensing or regulatory board, including the New Mexico
15 medical board; the New Mexico board of dental health care;
16 the board of nursing; the board of pharmacy; any other
17 licensing or regulatory board that the chancellor designates;
18 any other health professional licensing board listed in
19 Chapter 61 NMSA 1978; and the university;

20 B. "chancellor" means the chancellor for health
21 sciences of the university of New Mexico;

22 C. "database" means the health care work force
23 database created pursuant to the Health Care Work Force Data
24 Collection, Analysis and Policy Act;

25 D. "ethnicity" means an individual's

1 self-identification or affiliation as either "Hispanic or
2 Latino" or "not Hispanic or Latino" according to cultural,
3 historical, linguistic or religious ties;

4 E. "New Mexico center for health care workforce
5 analysis" means a state entity that collects, analyzes and
6 reports data regarding the state's health care work force and
7 collaborates with the federal national center for health care
8 workforce analysis pursuant to Section 5103 of the federal
9 Patient Protection and Affordable Care Act;

10 F. "race" means an individual's
11 self-identification or affiliation with one of the following
12 categories used to identify individuals according to
13 historical or phenotypical characteristics:

- 14 (1) American Indian or Alaska Native;
- 15 (2) Asian;
- 16 (3) Black or African American;
- 17 (4) Native Hawaiian or other Pacific
18 Islander;
- 19 (5) White; or
- 20 (6) a mixture of any of the categories
21 listed in Paragraphs (1) through (5) of this subsection; and

22 G. "university" means the university of New
23 Mexico."

24 SECTION 10. Section 27-2-12.30 NMSA 1978 (being
25 Laws 2020, Chapter 58, Section 2) is amended to read:

1 "27-2-12.30. PHARMACIST PRESCRIPTIVE AUTHORITY
2 SERVICES--REIMBURSEMENT PARITY.--A medical assistance program
3 or its contractor shall reimburse a participating provider
4 that is a certified pharmacist clinician or pharmacist
5 certified to provide a prescriptive authority service who
6 provides a service at the standard contracted rate that the
7 medical assistance program reimburses, for the same service
8 under that program, any licensed physician or physician
9 assistant licensed pursuant to the Medical Practice Act or
10 any advanced practice certified nurse practitioner licensed
11 pursuant to the Nursing Practice Act."

12 SECTION 11. Section 59A-22-53.2 NMSA 1978 (being
13 Laws 2020, Chapter 58, Section 3) is amended to read:

14 "59A-22-53.2. PHARMACIST PRESCRIPTIVE AUTHORITY
15 SERVICES--REIMBURSEMENT PARITY.--An insurer shall reimburse a
16 participating provider that is a certified pharmacist
17 clinician or pharmacist certified to provide a prescriptive
18 authority service who provides a service pursuant to a health
19 insurance plan, policy or certificate of health insurance at
20 the standard contracted rate that the health insurance
21 policy, health care plan or certificate of health insurance
22 reimburses, for the same service pursuant to that policy,
23 plan or certificate, any licensed physician or physician
24 assistant licensed pursuant to the Medical Practice Act or
25 any advanced practice certified nurse practitioner licensed

1 pursuant to the Nursing Practice Act."

2 SECTION 12. Section 59A-23-12.2 NMSA 1978 (being
3 Laws 2020, Chapter 58, Section 4) is amended to read:

4 "59A-23-12.2. PHARMACIST PRESCRIPTIVE AUTHORITY
5 SERVICES--REIMBURSEMENT PARITY.--An insurer shall reimburse a
6 participating provider that is a certified pharmacist
7 clinician or pharmacist certified to provide a prescriptive
8 authority service who provides a service pursuant to a health
9 insurance plan, policy or certificate of health insurance at
10 the standard contracted rate that the health insurance
11 policy, health care plan or certificate of health insurance
12 reimburses, for the same service pursuant to that policy,
13 plan or certificate, any licensed physician or physician
14 assistant licensed pursuant to the Medical Practice Act or
15 any advanced practice certified nurse practitioner licensed
16 pursuant to the Nursing Practice Act."

17 SECTION 13. Section 59A-46-52.2 NMSA 1978 (being
18 Laws 2020, Chapter 58, Section 5) is amended to read:

19 "59A-46-52.2. PHARMACIST PRESCRIPTIVE AUTHORITY
20 SERVICES--REIMBURSEMENT PARITY.--A carrier shall reimburse a
21 participating provider that is a certified pharmacist
22 clinician or pharmacist certified to provide a prescriptive
23 authority service who provides a service pursuant to an
24 individual or group contract at the standard contracted rate
25 that the carrier reimburses, for the same service under that

1 individual or group contract, any licensed physician or
2 physician assistant licensed pursuant to the Medical Practice
3 Act or any advanced practice certified nurse practitioner
4 licensed pursuant to the Nursing Practice Act."

5 SECTION 14. Section 59A-47-47.2 NMSA 1978 (being
6 Laws 2020, Chapter 58, Section 6) is amended to read:

7 "59A-47-47.2. PHARMACIST PRESCRIPTIVE AUTHORITY
8 SERVICES--REIMBURSEMENT PARITY.--A health care plan shall
9 reimburse a participating provider that is a certified
10 pharmacist clinician or pharmacist certified to provide a
11 prescriptive authority service who provides a service
12 pursuant to a subscriber at the same rate that the carrier
13 reimburses, for the standard contracted service under that
14 subscriber contract, any licensed physician or physician
15 assistant licensed pursuant to the Medical Practice Act or
16 any advanced practice certified nurse practitioner licensed
17 pursuant to the Nursing Practice Act."

18 SECTION 15. Section 61-2-14.1 NMSA 1978 (being
19 Laws 2019, Chapter 15, Section 1) is amended to read:

20 "61-2-14.1. CONTACT LENSES--SPECTACLES--LIMITATIONS ON
21 PRESCRIPTIONS--CRIMINAL PENALTY--CIVIL REMEDY--EXCEPTIONS.--

22 A. Unless the person is licensed pursuant to the
23 Optometry Act or the Medical Practice Act, a person shall
24 not:

25 (1) perform an eye examination on an

1 individual physically located in the state at the time of the
2 eye examination; or

3 (2) write a prescription for contact lenses
4 or spectacles.

5 B. A person shall not write a prescription for
6 contact lenses or spectacles unless an eye examination is
7 performed before writing the prescription. The prescription
8 shall take into consideration any medical findings and any
9 refractive error determined during the eye examination.

10 C. A person who violates a provision of this
11 section is guilty of a misdemeanor and shall be sentenced
12 pursuant to Section 31-19-1 NMSA 1978.

13 D. The board of optometry, the New Mexico medical
14 board or any other person potentially aggrieved by a
15 violation of this section may bring a suit in a court of
16 competent jurisdiction to enjoin a violation of a provision
17 of this section.

18 E. Nothing in this section shall be construed to
19 prohibit:

20 (1) a health care provider from using
21 telehealth in accordance with the provisions of the
22 New Mexico Telehealth Act for ocular diseases;

23 (2) a vision screening performed in a school
24 by a nurse, physician assistant, osteopathic physician
25 assistant or another provider otherwise authorized pursuant

1 to state law;

2 (3) an optician from completing a
3 prescription for spectacles or contact lenses in accordance
4 with the provisions of the Optometry Act;

5 (4) a technician from providing an eye care
6 screening program at a health fair, not-for-profit event,
7 not-for-profit public vision van service, public health event
8 or other similar event;

9 (5) a physician assistant licensed pursuant
10 to the Medical Practice Act, or an osteopathic physician
11 assistant licensed pursuant to the Medical Practice Act,
12 working under the supervision of an ophthalmologist licensed
13 pursuant to the Medical Practice Act, from performing an eye
14 examination on an individual physically located in the state
15 at the time of the eye examination; or

16 (6) a vision screening performed by another
17 provider otherwise authorized pursuant to state law.

18 F. As used in this section:

19 (1) "autorefractor" means any electronic
20 computer or automated testing device used remotely, in person
21 or through any other communication interface to provide an
22 objective or subjective measurement of an individual's
23 refractive error;

24 (2) "contact lens" means any lens placed
25 directly on the surface of the eye, regardless of whether or

1 not it is intended to correct a visual defect, including any
2 cosmetic, therapeutic or corrective lens;

3 (3) "eye examination" means an in-person
4 assessment at a physician's office or an optometrist's
5 office, in a hospital setting or in a hospital health system
6 setting that:

7 (a) is performed in accordance with the
8 applicable standard of care;

9 (b) consists of an assessment of the
10 ocular health and visual status of an individual;

11 (c) does not consist of solely
12 objective or subjective refractive data or information
13 generated by an automated testing device, including an
14 autorefractor or kiosk, in order to establish a medical
15 diagnosis or for the determination of refractive error; and

16 (d) is performed on an individual who
17 is physically located in this state at the time of the
18 assessment;

19 (4) "kiosk" means any automatic or
20 electronic equipment, application or computer software
21 designed to be used on a telephone, teleconference device,
22 computer, virtual reality device or internet-based device
23 that can be used remotely, in person or through any other
24 communication interface to conduct an eye examination or
25 determine refractive error;

1 (5) "prescription" means an optometrist's or
2 ophthalmologist's handwritten or electronic order for
3 spectacle lenses or contact lenses based on an eye
4 examination that corrects refractive error; and

5 (6) "spectacles" means an optical instrument
6 or device worn or used by an individual that has one or more
7 lenses designed to correct or enhance vision addressing the
8 visual needs of the individual wearer, commonly known as
9 "glasses" or "eyeglasses", including spectacles that may be
10 adjusted by the wearer to achieve different types of visual
11 correction or enhancement. "Spectacles" does not mean:

12 (a) an optical instrument or device
13 that is not intended to correct or enhance vision or that
14 does not require consideration of the visual status of the
15 individual who will use the optical instrument or device; or

16 (b) eyewear that is sold without a
17 prescription."

18 SECTION 16. Section 61-6-1 NMSA 1978 (being Laws 1989,
19 Chapter 269, Section 1, as amended) is amended to read:

20 "61-6-1. SHORT TITLE--PURPOSE.--

21 A. Chapter 61, Article 6 NMSA 1978 may be cited as
22 the "Medical Practice Act".

23 B. In the interest of the public health, safety
24 and welfare and to protect the public from the improper,
25 unprofessional, incompetent and unlawful practice of

1 medicine, it is necessary to provide laws and rules
2 controlling the granting and use of the privilege to practice
3 medicine and to establish a medical board to implement and
4 enforce the laws and rules.

5 C. The primary duties and obligations of the
6 medical board are to issue licenses to qualified health care
7 practitioners, including physicians, physician assistants and
8 anesthesiologist assistants, to discipline incompetent or
9 unprofessional physicians, physician assistants or
10 anesthesiologist assistants and to aid in the rehabilitation
11 of impaired physicians, physician assistants and
12 anesthesiologist assistants for the purpose of protecting the
13 public."

14 SECTION 17. Section 61-6-2 NMSA 1978 (being Laws 1923,
15 Chapter 44, Section 1, as amended) is amended to read:

16 "61-6-2. NEW MEXICO MEDICAL BOARD--APPOINTMENT--TERMS--
17 QUALIFICATIONS.--

18 A. There is created the "New Mexico medical
19 board", consisting of eleven members. The board shall be
20 composed of two public members, one physician assistant and
21 eight reputable physicians, at least two of whom shall be
22 osteopathic physicians and at least two of whom shall be
23 medical physicians. The osteopathic physicians and the
24 medical physicians shall be of known ability, shall be
25 graduates of medical colleges or schools in good standing and

1 shall have been licensed physicians in and bona fide
2 residents of New Mexico for a period of five years
3 immediately preceding the date of their appointment. The
4 physician assistant shall have been a licensed physician
5 assistant and a resident of New Mexico for at least five
6 years immediately preceding the date of appointment. Public
7 members of the board shall be residents of New Mexico, shall
8 not have been licensed by the board as a health care
9 practitioner over which the board has licensure authority and
10 shall have no significant financial interest, direct or
11 indirect, in the occupation regulated.

12 B. The governor shall appoint the medical
13 physician members from a list of names submitted to the
14 governor by the New Mexico medical society or its authorized
15 governing body or council. The list shall contain five names
16 of qualified medical physicians for each medical physician
17 member to be appointed. Medical physician member vacancies
18 shall be filled in the same manner.

19 C. The governor shall appoint osteopathic
20 physician members from a list of names submitted to the
21 governor by the New Mexico osteopathic medical association or
22 its authorized governing body or council. The list shall
23 contain five names of qualified osteopathic physicians for
24 each osteopathic physician member to be appointed.

25 Osteopathic physician member vacancies shall be filled in the

1 same manner.

2 D. The governor shall appoint the physician
3 assistant member from a list of names submitted to the
4 governor by the New Mexico academy of physician assistants or
5 its authorized governing body or council. The list shall
6 contain five names of qualified physician assistants.

7 E. Members shall be appointed to four-year terms,
8 staggered so that not more than three terms expire in a year.
9 All board members shall hold office until their successors
10 are appointed.

11 F. A board member failing to attend three
12 consecutive meetings, either regular or special, shall
13 automatically be removed as a member of the board unless
14 excused from attendance by the board for good cause shown."

15 SECTION 18. Section 61-6-3 NMSA 1978 (being Laws 1989,
16 Chapter 269, Section 3, as amended) is amended to read:

17 "61-6-3. MEETINGS OF THE BOARD--QUORUM.--

18 A. The board shall hold four regular meetings
19 every fiscal year.

20 B. During the second quarter of each year, the
21 board shall hold its annual meeting and shall elect officers.

22 C. In addition to the regular meetings, the board
23 may hold special meetings at the call of the president after
24 written notice to all members of the board or at the written
25 or electronic request of any two members.

1 D. A majority of the members of the board shall
2 constitute a quorum and shall be capable of conducting any
3 board business. The vote of a majority of a quorum shall
4 prevail, even though the vote may not represent an actual
5 majority of all the board members."

6 SECTION 19. Section 61-6-4 NMSA 1978 (being Laws 1989,
7 Chapter 269, Section 4, as amended) is amended to read:

8 "61-6-4. ELECTION--DUTIES OF OFFICERS--REIMBURSEMENT OF
9 BOARD MEMBERS.--

10 A. At its annual meeting, the board shall elect a
11 chair, a vice chair and a secretary-treasurer.

12 B. The chair shall preside over the meetings and
13 affairs of the board.

14 C. The vice chair shall perform such duties as may
15 be assigned by the chair and shall serve as chair due to the
16 absence or incompetence of the chair.

17 D. The secretary-treasurer shall be a physician
18 member of the board and shall:

19 (1) review applications for licensure and
20 interview applicants to determine eligibility for licensure;

21 (2) issue temporary licenses pursuant to
22 Section 61-6-14 NMSA 1978;

23 (3) serve on committees related to board
24 activities that require physician participation;

25 (4) serve as a consultant on medical

1 practice issues when a board action is not required; and

2 (5) perform any other functions assigned by
3 the board or by the chair.

4 E. The secretary-treasurer may be compensated at
5 the discretion of the board.

6 F. Board members shall receive per diem and
7 mileage as provided in the Per Diem and Mileage Act and shall
8 receive no other compensation, perquisite or allowance,
9 except that the secretary-treasurer may be additionally
10 compensated as provided in Subsection E of this section and
11 board members may be additionally compensated in accordance
12 with Subsection G of this section.

13 G. Board members or agents performing interviews
14 of applicants may be compensated at the board's discretion."

15 SECTION 20. Section 61-6-5 NMSA 1978 (being Laws 1973,
16 Chapter 361, Section 2, as amended) is amended to read:

17 "61-6-5. DUTIES AND POWERS.--The board shall:

18 A. enforce and administer the provisions of the
19 Medical Practice Act, the Physician Assistant Act, the
20 Anesthesiologist Assistants Act, the Genetic Counseling Act,
21 the Impaired Health Care Provider Act, the Polysomnography
22 Practice Act, the Naturopathic Doctors' Practice Act and the
23 Naprapathic Practice Act;

24 B. adopt, publish and file, in accordance with the
25 Uniform Licensing Act and the State Rules Act, all rules for

1 the implementation and enforcement of the provisions of the
2 Medical Practice Act, the Physician Assistant Act, the
3 Anesthesiologist Assistants Act, the Genetic Counseling Act,
4 the Impaired Health Care Provider Act, the Polysomnography
5 Practice Act, the Naturopathic Doctors' Practice Act and the
6 Naprapathic Practice Act;

7 C. adopt and use a seal;

8 D. administer oaths to all applicants, witnesses
9 and others appearing before the board, as appropriate;

10 E. take testimony on matters within the board's
11 jurisdiction;

12 F. keep an accurate record of all its meetings,
13 receipts and disbursements;

14 G. maintain records in which the name, address and
15 license number of all licensees shall be recorded, together
16 with a record of all license renewals, suspensions,
17 revocations, probations, stipulations, censures, reprimands
18 and fines;

19 H. grant, deny, review, suspend and revoke
20 licenses to practice medicine and censure, reprimand, fine
21 and place on probation and stipulation licensees and
22 applicants in accordance with the Uniform Licensing Act for
23 any cause stated in the Medical Practice Act, the Impaired
24 Health Care Provider Act, the Naturopathic Doctors' Practice
25 Act and the Naprapathic Practice Act;

1 I. hire staff and administrators as necessary to
2 carry out the provisions of the Medical Practice Act;

3 J. have the authority to hire or contract with
4 investigators to investigate possible violations of the
5 Medical Practice Act;

6 K. have the authority to hire a competent attorney
7 to give advice and counsel in regard to any matter connected
8 with the duties of the board, to represent the board in any
9 legal proceedings and to aid in the enforcement of the laws
10 in relation to the medical profession and to fix the
11 compensation to be paid to such attorney; provided, however,
12 that such attorney shall be compensated from the funds of the
13 board;

14 L. establish continuing education requirements for
15 licensed practitioners over which the board has authority;

16 M. establish committees as it deems necessary for
17 carrying on its business;

18 N. hire or contract with a licensed physician to
19 serve as medical director and fulfill specified duties of the
20 secretary-treasurer;

21 O. establish and maintain rules related to the
22 management of pain based on review of national standards for
23 pain management; and

24 P. have the authority to waive licensure fees for
25 the purpose of the recruitment and retention of health care

1 practitioners over which the board has authority."

2 SECTION 21. Section 61-6-6 NMSA 1978 (being Laws 1973,
3 Chapter 361, Section 1, as amended) is amended to read:

4 "61-6-6. DEFINITIONS.--As used in the Medical Practice
5 Act:

6 A. "approved postgraduate training program for
7 physicians" means a program approved by the accreditation
8 council for graduate medical education, the American
9 osteopathic association or other board-approved program;

10 B. "board" means the New Mexico medical board;

11 C. "collaboration" means the process by which a
12 licensed physician and a physician assistant jointly
13 contribute to the health care and medical treatment of
14 patients; provided that:

15 (1) each collaborator performs actions that
16 the collaborator is licensed or otherwise authorized to
17 perform; and

18 (2) collaboration shall not be construed to
19 require the physical presence of the licensed physician at
20 the time and place services are rendered;

21 D. "licensed physician" means a medical or
22 osteopathic physician licensed under the Medical Practice Act
23 to practice medicine in New Mexico;

24 E. "licensee" or "health care practitioner" means
25 a medical physician, osteopathic physician, physician

1 assistant, polysomnographic technologist, anesthesiologist
2 assistant, naturopathic doctor or naprapath licensed by the
3 board to practice in New Mexico;

4 F. "medical college or school in good standing"
5 for medical physicians means a board-approved medical college
6 or school that has as high a standard as that required by the
7 association of American medical colleges and the council on
8 medical education of the American medical association; and
9 for osteopathic physicians means a college of osteopathic
10 medicine accredited by the commission of osteopathic college
11 accreditation;

12 G. "medical student" means a student enrolled in a
13 board-approved medical college or school in good standing;

14 H. "physician assistant" means a health care
15 practitioner who is licensed by the board to practice as a
16 physician assistant and who provides services to patients
17 with the supervision of or in collaboration with a licensed
18 physician as set forth in rules promulgated by the board;

19 I. "resident" means a graduate of a medical
20 college or school in good standing who is in training in a
21 board-approved and accredited residency training program in a
22 hospital or facility affiliated with an approved hospital and
23 who has been appointed to the position of "resident" or
24 "fellow" for the purpose of postgraduate medical training;

25 J. "the practice of medicine" consists of:

1 (1) advertising, holding out to the public
2 or representing in any manner that one is authorized to
3 practice medicine or to practice health care that is under
4 the authority of the board in this state;

5 (2) offering or undertaking to administer,
6 dispense or prescribe a drug or medicine for the use of
7 another person, except as authorized pursuant to a
8 professional or occupational licensing statute set forth in
9 Chapter 61 NMSA 1978;

10 (3) offering or undertaking to give or
11 administer, dispense or prescribe a drug or medicine for the
12 use of another person, except as directed by a licensed
13 physician;

14 (4) offering or undertaking to perform an
15 operation or procedure upon a person;

16 (5) offering or undertaking to diagnose,
17 correct or treat in any manner or by any means, methods,
18 devices or instrumentalities any disease, illness, pain,
19 wound, fracture, infirmity, deformity, defect or abnormal
20 physical or mental condition of a person;

21 (6) offering medical peer review,
22 utilization review or diagnostic service of any kind that
23 directly influences patient care, except as authorized
24 pursuant to a professional or occupational licensing statute
25 set forth in Chapter 61 NMSA 1978; or

1 (7) acting as the representative or agent of
2 a person in doing any of the things listed in this
3 subsection;

4 K. "the practice of medicine across state lines"
5 means:

6 (1) the rendering of a written or otherwise
7 documented medical opinion concerning diagnosis or treatment
8 of a patient within this state by a physician located outside
9 this state as a result of transmission of individual patient
10 data by electronic, telephonic or other means from within
11 this state to the physician or the physician's agent; or

12 (2) the rendering of treatment to a patient
13 within this state by a physician located outside this state
14 as a result of transmission of individual patient data by
15 electronic, telephonic or other means from within this state
16 to the physician or the physician's agent;

17 L. "sexual contact" means touching the primary
18 genital area, groin, anus, buttocks or breast of a patient or
19 allowing a patient to touch another's primary genital area,
20 groin, anus, buttocks or breast in a manner that is commonly
21 recognized as outside the scope of acceptable medical or
22 health care practice;

23 M. "sexual penetration" means sexual intercourse,
24 cunnilingus, fellatio or anal intercourse, whether or not
25 there is any emission, or introducing any object into the

1 genital or anal openings of another in a manner that is
2 commonly recognized as outside the scope of acceptable
3 medical or health care practice; and

4 N. "United States" means the fifty states, its
5 territories and possessions and the District of Columbia."

6 SECTION 22. Section 61-6-7.2 NMSA 1978 (being Laws
7 1997, Chapter 187, Section 3, as amended) is amended to read:

8 "61-6-7.2. INACTIVE LICENSE.--

9 A. A physician assistant license shall expire
10 every two years on a date established by the board.

11 B. A physician assistant who notifies the board in
12 writing on forms prescribed by the board may elect to place
13 the physician assistant's license on an inactive status. A
14 physician assistant with an inactive license shall be excused
15 from payment of renewal fees and shall not practice as a
16 physician assistant.

17 C. A physician assistant who engages in practice
18 while the physician assistant's license is lapsed or on
19 inactive status is practicing without a license, and this is
20 grounds for discipline pursuant to the Physician Assistant
21 Act and Medical Practice Act.

22 D. A physician assistant requesting restoration
23 from inactive status shall pay the current renewal fee and
24 fulfill the requirement for renewal pursuant to the Physician
25 Assistant Act and Medical Practice Act.

1 E. The board may, in its discretion, summarily
2 suspend for nonpayment of fees the license of a physician
3 assistant who has not renewed the physician assistant's
4 license within ninety days of expiration.

5 F. A physician assistant who has not submitted an
6 application for renewal on or before the license expiration
7 date, but who has submitted an application for renewal within
8 forty-five days after the license expiration date, shall be
9 assessed a late fee.

10 G. A physician assistant who has not submitted an
11 application for renewal between forty-six and ninety days
12 after the expiration date shall be assessed a late fee."

13 SECTION 23. Section 61-6-10.2 NMSA 1978 (being Laws
14 2001, Chapter 311, Section 2, as amended) is amended to read:

15 "61-6-10.2. DEFINITIONS.--As used in the
16 Anesthesiologist Assistants Act:

17 A. "anesthesiologist" means a physician licensed
18 to practice medicine in New Mexico who has successfully
19 completed an accredited anesthesiology graduate medical
20 education program, who is board certified by the American
21 board of anesthesiology or the American osteopathic board of
22 anesthesiology or is board eligible and who has completed a
23 residency in anesthesiology within the last three years or
24 who has foreign certification determined by the board to be
25 the substantial equivalent;

1 B. "anesthesiologist assistant" means a skilled
2 person licensed by the board as being qualified by academic
3 and practical training to assist an anesthesiologist in
4 developing and implementing anesthesia care plans for
5 patients under the supervision and direction of the
6 anesthesiologist who is responsible for the performance of
7 that anesthesiologist assistant;

8 C. "applicant" means a person who is applying to
9 the board for a license as an anesthesiologist assistant;

10 D. "board" means the New Mexico medical board; and

11 E. "license" means an authorization to practice as
12 an anesthesiologist assistant."

13 SECTION 24. That version of Section 61-6-10.2 NMSA 1978
14 (being Laws 2015, Chapter 52, Section 4) that is to become
15 effective July 1, 2025 is amended to read:

16 "61-6-10.2. DEFINITIONS.--As used in the
17 Anesthesiologist Assistants Act:

18 A. "anesthesiologist" means a physician licensed
19 to practice medicine in New Mexico who has successfully
20 completed an accredited anesthesiology graduate medical
21 education program, who is board certified by the American
22 board of anesthesiology, the American osteopathic board of
23 anesthesiology or is board eligible, who has completed a
24 residency in anesthesiology within the last three years or
25 who has foreign certification determined by the board to be

1 the substantial equivalent and who is an employee of the
2 department of anesthesiology of a medical school in New
3 Mexico;

4 B. "anesthesiologist assistant" means a skilled
5 person employed or to be employed by a university in New
6 Mexico with a medical school licensed by the board as being
7 qualified by academic and practical training to assist an
8 anesthesiologist in developing and implementing anesthesia
9 care plans for patients under the supervision and direction
10 of the anesthesiologist who is responsible for the
11 performance of that anesthesiologist assistant;

12 C. "applicant" means a person who is applying to
13 the board for a license as an anesthesiologist assistant;

14 D. "board" means the New Mexico medical board; and

15 E. "license" means an authorization to practice as
16 an anesthesiologist assistant."

17 SECTION 25. Section 61-6-10.6 NMSA 1978 (being
18 Laws 2001, Chapter 311, Section 6) is amended to read:

19 "61-6-10.6. INACTIVE LICENSE.--

20 A. An anesthesiologist assistant who notifies the
21 board in writing on forms prescribed by the board may elect
22 to place the anesthesiologist assistant's license on inactive
23 status. An anesthesiologist assistant with an inactive
24 license shall be excused from payment of renewal fees and
25 shall not practice as an anesthesiologist assistant.

1 B. An anesthesiologist assistant who engages in
2 practice while the anesthesiologist assistant's license is
3 lapsed or on inactive status is practicing without a license
4 and is subject to disciplinary action pursuant to the
5 Anesthesiologist Assistants Act and Medical Practice Act.

6 C. An anesthesiologist assistant requesting
7 restoration from inactive status shall pay the current
8 renewal fee and fulfill the requirement for renewal pursuant
9 to the Anesthesiologist Assistants Act."

10 SECTION 26. Section 61-6-10.11 NMSA 1978 (being
11 Laws 2015, Chapter 52, Section 3) is amended to read:

12 "61-6-10.11. ANESTHESIOLOGIST ASSISTANTS--EMPLOYMENT
13 CONDITIONS.--An anesthesiologist assistant shall:

14 A. be a current or future employee of a university
15 in New Mexico with a medical school; or

16 B. in a practice other than one at a university in
17 New Mexico with a medical school:

18 (1) be certified as an anesthesiologist
19 assistant by the national commission for certification of
20 anesthesiologist assistants;

21 (2) practice only in a health facility
22 licensed by the department of health where, at the time the
23 anesthesiologist assistant begins practicing there, at least
24 three anesthesiologists who are licensed physicians and who
25 are board-certified as anesthesiologists by the American

1 board of anesthesiology are on staff as employees or
2 contractors;

3 (3) practice only in a class A county; and

4 (4) be supervised only by an
5 anesthesiologist who is a licensed physician and who is
6 board-certified as an anesthesiologist by the American board
7 of anesthesiology."

8 SECTION 27. Section 61-6-11 NMSA 1978 (being Laws 1923,
9 Chapter 44, Section 3, as amended) is amended to read:

10 "61-6-11. PHYSICIAN LICENSURE.--

11 A. The board may consider for licensure a person
12 who is of good moral character, is a graduate of an
13 accredited United States or Canadian medical or osteopathic
14 medical school, has passed an examination approved by the
15 board and has completed two years of an approved postgraduate
16 training program for physicians.

17 B. An applicant who has not completed two years of
18 an approved postgraduate training program for physicians, but
19 who otherwise meets all other licensing requirements, may
20 present evidence to the board of the applicant's other
21 professional experience for consideration by the board in
22 lieu of the approved postgraduate training program. The
23 board shall, in its sole discretion, determine if the
24 professional experience is substantially equivalent to the
25 required approved postgraduate training program for

1 physicians.

2 C. A graduate of a board-approved medical or
3 osteopathic medical school located outside the United States
4 or Canada may be granted a license to practice medicine in
5 New Mexico, provided the applicant presents evidence to the
6 board that the applicant is a person of good moral character
7 and provided that the applicant presents satisfactory
8 evidence to the board that the applicant has successfully
9 passed an examination as required by the board and has
10 successfully completed two years of postgraduate medical
11 training in an approved postgraduate training program for
12 physicians. A graduate of a medical school located outside
13 the United States who successfully completes at least two
14 years of an approved postgraduate training program for
15 physicians at or affiliated with an institution located in
16 New Mexico prior to December 30, 2007 and who meets the other
17 requirements of this section may also be granted a license to
18 practice medicine.

19 D. All applicants for licensure may be required to
20 appear personally before the board or a designated agent for
21 an interview.

22 E. An applicant for licensure by examination shall
23 not be granted a license if the applicant has taken the
24 examination in two or more steps and has failed to
25 successfully pass the final step within seven years of the

1 date that the first step was passed. An applicant for
2 licensure who holds a medical or osteopathic doctor degree
3 and a doctoral degree in a medically related field must
4 successfully complete the entire examination series within
5 ten years from the date the first step of the examination is
6 passed. The board may, by rule, establish exceptions to the
7 time requirements of this subsection.

8 F. Every applicant for licensure under this
9 section shall pay the fees required by Section 61-6-19
10 NMSA 1978.

11 G. The board may require fingerprints and other
12 information necessary for a state and national criminal
13 background check."

14 SECTION 28. Section 61-6-11.1 NMSA 1978 (being
15 Laws 2001, Chapter 96, Section 10) is amended to read:

16 "61-6-11.1. TELEMEDICINE LICENSE.--

17 A. The board shall issue a licensed physician a
18 telemedicine license to allow the practice of medicine across
19 state lines to an applicant who holds a full and unrestricted
20 license to practice medicine in another state or territory of
21 the United States. The board shall establish by rule the
22 requirements for licensure; provided the requirements shall
23 not be more restrictive than those required for licensure by
24 endorsement.

25 B. A telemedicine license shall be issued for a

1 period not to exceed three years and may be renewed upon
2 application, payment of fees as provided in Section 61-6-19
3 NMSA 1978 and compliance with other requirements established
4 by rule of the board."

5 SECTION 29. Section 61-6-12 NMSA 1978 (being Laws 1974,
6 Chapter 78, Section 15, as amended) is amended to read:

7 "61-6-12. CRIMINAL OFFENDER'S CHARACTER EVALUATION.--
8 The provisions of the Criminal Offender Employment Act shall
9 govern any consideration of criminal records required or
10 permitted by the Medical Practice Act and to all health care
11 practitioners over which the board has licensure authority."

12 SECTION 30. Section 61-12G-6 NMSA 1978 (being
13 Laws 2019, Chapter 244, Section 6) is amended to read:

14 "61-12G-6. SCOPE OF PRACTICE.--

15 A. A licensee may practice naturopathic medicine
16 only to provide primary care, as "primary care" is defined in
17 rules of the board, as follows:

18 (1) in collaboration with a physician
19 licensed pursuant to the Medical Practice Act; and

20 (2) in alignment with naturopathic medical
21 education to:

22 (a) perform physical examinations;

23 (b) order laboratory examinations;

24 (c) order diagnostic imaging studies;

25 (d) interpret the results of laboratory

1 examinations for diagnostic purposes;

2 (e) order and, based on a radiologist's
3 report, take action on diagnostic imaging studies in a manner
4 consistent with naturopathic training;

5 (f) prescribe, administer, dispense and
6 order the class of drugs that excludes the natural
7 derivatives of opium, which are morphine and codeine, and
8 related synthetic and semi-synthetic compounds that act upon
9 opioid receptors;

10 (g) after passing a pharmacy
11 examination authorized by rules of the board, prescribe,
12 administer, dispense and order: 1) all legend drugs; and 2)
13 testosterone products and all drugs within Schedules III, IV
14 and V of the Controlled Substances Act, excluding all
15 benzodiazapines, opioids and opioid derivatives;

16 (h) administer intramuscular,
17 intravenous, subcutaneous, intra-articular and intradermal
18 injections of substances appropriate to naturopathic
19 medicine;

20 (i) use routes of administration that
21 include oral, nasal, auricular, ocular, rectal, vaginal,
22 transdermal, intradermal, subcutaneous, intravenous,
23 intra-articular and intramuscular consistent with the
24 education and training of a naturopathic doctor;

25 (j) perform naturopathic physical

1 medicine;

2 (k) employ the use of naturopathic
3 therapy; and

4 (1) use therapeutic devices, barrier
5 contraception, intrauterine devices, hormonal and
6 pharmaceutical contraception and durable medical equipment.

7 B. As used in this section, "collaboration" means
8 the process by which a licensed physician and a naturopathic
9 doctor jointly contribute to the health care and medical
10 treatment of patients; provided that:

11 (1) each collaborator performs actions that
12 the collaborator is licensed or otherwise authorized to
13 perform; and

14 (2) collaboration shall not be construed to
15 require the physical presence of the licensed physician at
16 the time and place services are rendered."

17 SECTION 31. Section 61-12G-7 NMSA 1978 (being
18 Laws 2019, Chapter 244, Section 7) is amended to read:

19 "61-12G-7. REFERRAL REQUIREMENT.--A licensee shall
20 refer to a physician authorized to practice in the state
21 under the Medical Practice Act any patient whose medical
22 condition should, at the time of evaluation or treatment, be
23 determined to be beyond the scope of practice of the
24 licensee."

25 SECTION 32. Section 61-6-13 NMSA 1978 (being Laws 1989, SJC/SB 279
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1 Chapter 269, Section 9, as amended) is amended to read:

2 "61-6-13. PHYSICIAN LICENSURE BY ENDORSEMENT.--

3 A. The board may grant a license by endorsement to
4 a physician applicant who:

5 (1) has graduated from an accredited United
6 States or Canadian medical or osteopathic medical school;

7 (2) is board certified in a specialty
8 recognized by the American board of medical specialties, the
9 American osteopathic association or other specialty boards as
10 approved by the board;

11 (3) has been a licensed physician in the
12 United States or Canada and has practiced medicine in the
13 United States or Canada immediately preceding the application
14 for at least three years;

15 (4) holds an unrestricted license in another
16 state or Canada; and

17 (5) was not the subject of a disciplinary
18 action in a state or province.

19 B. The board may grant a physician license by
20 endorsement to an applicant who:

21 (1) has graduated from a medical or
22 osteopathic medical school located outside the United States
23 or Canada;

24 (2) is of good moral character;

25 (3) is board certified in a specialty

1 recognized by the American board of medical specialties, the
2 American osteopathic association or other boards as approved
3 by the board;

4 (4) has been a licensed physician in the
5 United States or Canada and has practiced medicine in the
6 United States or Canada immediately preceding the application
7 for at least three years;

8 (5) holds an unrestricted license in another
9 state or Canada; and

10 (6) was not the subject of disciplinary
11 action in a state or province.

12 C. An endorsement provided pursuant to this
13 section shall certify that the applicant has passed an
14 examination that meets with board approval and that the
15 applicant is in good standing in that jurisdiction. In cases
16 when the applicant is board certified, has not been the
17 subject of disciplinary action that would be reportable to
18 the national practitioner data bank or the healthcare
19 integrity and protection data bank and has unusual skills and
20 experience not generally available in this state, and
21 patients residing in this state have a significant need for
22 such skills and experience, the board may waive a requirement
23 imposing time limits for examination completion that are
24 different from requirements of the state where the applicant
25 is licensed.

1 D. An applicant for licensure under this section
2 may be required to personally appear before the board or a
3 designated agent for an interview.

4 E. An applicant for licensure under this section
5 shall pay an application fee as provided in Section 61-6-19
6 NMSA 1978.

7 F. The board may require fingerprints and other
8 information necessary for a state and national criminal
9 background check."

10 SECTION 33. Section 61-6-14 NMSA 1978 (being Laws 1953,
11 Chapter 48, Section 2, as amended) is amended to read:

12 "61-6-14. ORGANIZED YOUTH CAMP OR SCHOOL TEMPORARY
13 LICENSES AND TEMPORARY LICENSES FOR OUT-OF-STATE
14 PHYSICIANS.--

15 A. The secretary-treasurer of the board or the
16 board's designee may, either by examination or endorsement,
17 approve a temporary license to practice medicine to an
18 applicant qualified to practice medicine in this state who
19 will be temporarily in attendance at an organized youth camp
20 or school, provided that:

21 (1) the practice shall be confined to
22 enrollees, leaders and employees of the camp or school;

23 (2) the temporary license shall be issued
24 for a period not to exceed three months from date of
25 issuance; and

1 (3) the temporary license may be issued upon
2 written application of the applicant, accompanied by such
3 proof of the qualifications of the applicant as specified by
4 board rule.

5 B. The secretary-treasurer of the board or the
6 board's designee may approve a temporary license to practice
7 medicine under the supervision of a licensed physician to an
8 applicant who is licensed to practice medicine in another
9 state, territory of the United States or another country and
10 who is qualified to practice medicine in this state. The
11 following provisions shall apply:

12 (1) the temporary license may be issued upon
13 written application of the applicant, accompanied by proof of
14 qualifications as specified by rule of the board. A
15 temporary license may be granted to allow the applicant to
16 assist in teaching, conducting research, performing
17 specialized diagnostic and treatment procedures, implementing
18 new technology and for physician educational purposes. A
19 licensee may engage in only the activities specified on the
20 temporary license, and the temporary license shall identify
21 the licensed physician who will supervise the applicant
22 during the time the applicant practices medicine in
23 New Mexico. The supervising licensed physician shall submit
24 an affidavit attesting to the qualifications of the applicant
25 and activities the applicant will perform; and

1 (2) the temporary license shall be issued
2 for a period not to exceed three months from date of issuance
3 and may be renewed upon application and payment of fees as
4 provided in Section 61-6-19 NMSA 1978.

5 C. The application for a temporary license under
6 this section shall be accompanied by a license fee as
7 provided in Section 61-6-19 NMSA 1978."

8 SECTION 34. Section 61-6-15 NMSA 1978 (being Laws 1969,
9 Chapter 46, Section 6, as amended) is amended to read:

10 "61-6-15. LICENSE MAY BE REFUSED, REVOKED OR
11 SUSPENDED--LICENSEE MAY BE FINED, CENSURED OR REPRIMANDED--
12 PROCEDURE--PRACTICE AFTER SUSPENSION OR REVOCATION--PENALTY--
13 UNPROFESSIONAL AND DISHONORABLE CONDUCT DEFINED--FEES AND
14 EXPENSES.--

15 A. The board may refuse to license and may revoke
16 or suspend a license that has been issued by the board or a
17 previous board and may fine, censure or reprimand a licensee
18 upon satisfactory proof being made to the board that the
19 applicant for or holder of the license has been guilty of
20 unprofessional or dishonorable conduct. The board may also
21 refuse to license an applicant who is unable to practice as a
22 physician, practice as a physician assistant, an
23 anesthesiologist assistant, a genetic counselor, a
24 naturopathic practitioner or naprapathic practitioner or
25 practice polysomnography, pursuant to Section 61-7-3

1 NMSA 1978. All proceedings shall be as required by the
2 Uniform Licensing Act or the Impaired Health Care Provider
3 Act.

4 B. The board may, in its discretion and for good
5 cause shown, place the licensee on probation on the terms and
6 conditions it deems proper for protection of the public, for
7 the purpose of rehabilitation of the probationer or both.
8 Upon expiration of the term of probation, if a term is set,
9 further proceedings may be abated by the board if the holder
10 of the license furnishes the board with evidence that the
11 licensee is competent to practice, is of good moral character
12 and has complied with the terms of probation.

13 C. If evidence fails to establish to the
14 satisfaction of the board that the licensee is competent and
15 is of good moral character or if evidence shows that the
16 licensee has not complied with the terms of probation, the
17 board may revoke or suspend the license. If a license to
18 practice in this state is suspended, the holder of the
19 license may not practice during the term of suspension. A
20 person whose license has been revoked or suspended by the
21 board and who thereafter practices or attempts or offers to
22 practice in New Mexico, unless the period of suspension has
23 expired or been modified by the board or the license
24 reinstated, is guilty of a felony and shall be punished as
25 provided in Section 61-6-20 NMSA 1978.

1 D. "Unprofessional or dishonorable conduct", as
2 used in this section, means, but is not limited to because of
3 enumeration, conduct of a licensee that includes the
4 following:

5 (1) procuring, aiding or abetting an illegal
6 procedure;

7 (2) employing a person to solicit patients
8 for the licensee;

9 (3) representing to a patient that a
10 manifestly incurable condition of sickness, disease or injury
11 can be cured;

12 (4) obtaining a fee by fraud or
13 misrepresentation;

14 (5) willfully or negligently divulging a
15 professional confidence;

16 (6) conviction of an offense punishable by
17 incarceration in a state penitentiary or federal prison or
18 conviction of a misdemeanor associated with the practice of
19 the licensee. A copy of the record of conviction, certified
20 by the clerk of the court entering the conviction, is
21 conclusive evidence;

22 (7) habitual or excessive use of intoxicants
23 or drugs;

24 (8) fraud or misrepresentation in applying
25 for or procuring a license to practice in this state or in

1 connection with applying for or procuring renewal, including
2 cheating on or attempting to subvert the licensing
3 examinations;

4 (9) making false or misleading statements
5 regarding the skill of the licensee or the efficacy or value
6 of the medicine, treatment or remedy prescribed or
7 administered by the licensee or at the direction of the
8 licensee in the treatment of a disease or other condition of
9 the human body or mind;

10 (10) impersonating another licensee,
11 permitting or allowing a person to use the license of the
12 licensee or practicing as a licensee under a false or assumed
13 name;

14 (11) aiding or abetting the practice of a
15 person not licensed by the board;

16 (12) gross negligence in the practice of a
17 licensee;

18 (13) manifest incapacity or incompetence to
19 practice as a licensee;

20 (14) discipline imposed on a licensee by
21 another licensing jurisdiction, including denial, probation,
22 suspension or revocation, based upon acts by the licensee
23 similar to acts described in this section. A certified copy
24 of the record of disciplinary action or sanction taken by
25 another jurisdiction is conclusive evidence of the action;

1 (15) the use of a false, fraudulent or
2 deceptive statement in a document connected with the practice
3 of a licensee;

4 (16) fee splitting;

5 (17) the prescribing, administering or
6 dispensing of narcotic, stimulant or hypnotic drugs for other
7 than accepted therapeutic purposes;

8 (18) conduct likely to deceive, defraud or
9 harm the public;

10 (19) repeated similar negligent acts or a
11 pattern of conduct otherwise described in this section or in
12 violation of a board rule;

13 (20) employing abusive billing practices;

14 (21) failure to report to the board any
15 adverse action taken against the licensee by:

16 (a) another licensing jurisdiction;

17 (b) a peer review body;

18 (c) a health care entity;

19 (d) a professional or medical society
20 or association;

21 (e) a governmental agency;

22 (f) a law enforcement agency; or

23 (g) a court for acts or conduct similar
24 to acts or conduct that would constitute grounds for action
25 as defined in this section;

1 (22) failure to report to the board the
2 denial of licensure, surrender of a license or other
3 authorization to practice in another state or jurisdiction or
4 surrender of membership on any medical staff or in any
5 medical or professional association or society following, in
6 lieu of and while under disciplinary investigation by any of
7 those authorities or bodies for acts or conduct similar to
8 acts or conduct that would constitute grounds for action as
9 defined in this section;

10 (23) failure to furnish the board, its
11 investigators or representatives with information requested
12 by the board;

13 (24) abandonment of patients;

14 (25) being found mentally incompetent or
15 insane by a court of competent jurisdiction;

16 (26) injudicious prescribing, administering
17 or dispensing of a drug or medicine;

18 (27) failure to adequately supervise, as
19 provided by board rule, a medical or surgical assistant or
20 technician or professional licensee who renders health care;

21 (28) sexual contact with a patient or person
22 who has authority to make medical decisions for a patient,
23 other than the spouse of the licensee;

24 (29) conduct unbecoming in a person licensed
25 to practice or detrimental to the best interests of the

1 public;

2 (30) the surrender of a license or
3 withdrawal of an application for a license before another
4 state licensing board while an investigation or disciplinary
5 action is pending before that board for acts or conduct
6 similar to acts or conduct that would constitute grounds for
7 action pursuant to this section;

8 (31) sexual contact with a former mental
9 health patient of the licensee, other than the spouse of the
10 licensee, within one year from the end of treatment;

11 (32) sexual contact with a patient when the
12 licensee uses or exploits treatment, knowledge, emotions or
13 influence derived from the current or previous professional
14 relationship;

15 (33) improper management of medical records,
16 including failure to maintain timely, accurate, legible and
17 complete medical records;

18 (34) failure to provide pertinent and
19 necessary medical records to a physician or patient of the
20 physician in a timely manner when legally requested to do so
21 by the patient or by a legally designated representative of
22 the patient;

23 (35) undertreatment of pain as provided by
24 board rule;

25 (36) interaction with physicians, hospital

1 personnel, patients, family members or others that interferes
2 with patient care or could reasonably be expected to
3 adversely impact the quality of care rendered to a patient;

4 (37) soliciting or receiving compensation by
5 a physician assistant or anesthesiologist assistant from a
6 person who is not an employer of the assistant;

7 (38) willfully or negligently divulging
8 privileged information or a professional secret; or

9 (39) the use of conversion therapy on a
10 minor.

11 E. As used in this section:

12 (1) "conversion therapy" means any practice
13 or treatment that seeks to change a person's sexual
14 orientation or gender identity, including any effort to
15 change behaviors or gender expressions or to eliminate or
16 reduce sexual or romantic attractions or feelings toward
17 persons of the same sex. "Conversion therapy" does not mean:

18 (a) counseling or mental health
19 services that provide acceptance, support and understanding
20 of a person without seeking to change gender identity or
21 sexual orientation; or

22 (b) mental health services that
23 facilitate a person's coping, social support, sexual
24 orientation or gender identity exploration and development,
25 including an intervention to prevent or address unlawful

1 conduct or unsafe sexual practices, without seeking to change
2 gender identity or sexual orientation;

3 (2) "fee splitting" includes offering,
4 delivering, receiving or accepting any unearned rebate,
5 refunds, commission preference, patronage dividend, discount
6 or other unearned consideration, whether in the form of money
7 or otherwise, as compensation or inducement for referring
8 patients, clients or customers to a person, irrespective of
9 any membership, proprietary interest or co-ownership in or
10 with a person to whom the patients, clients or customers are
11 referred;

12 (3) "gender identity" means a person's
13 self-perception, or perception of that person by another, of
14 the person's identity as a male or female based upon the
15 person's appearance, behavior or physical characteristics
16 that are in accord with or opposed to the person's physical
17 anatomy, chromosomal sex or sex at birth;

18 (4) "minor" means a person under eighteen
19 years of age; and

20 (5) "sexual orientation" means
21 heterosexuality, homosexuality or bisexuality, whether actual
22 or perceived.

23 F. Licensees whose licenses are in a probationary
24 status shall pay reasonable expenses for maintaining
25 probationary status, including laboratory costs when

1 laboratory testing of biological fluids are included as a
2 condition of probation."

3 SECTION 35. Section 61-6-17 NMSA 1978 (being Laws 1973,
4 Chapter 361, Section 8, as amended) is amended to read:

5 "61-6-17. EXCEPTIONS TO ACT.--The Medical Practice Act
6 shall not apply to or affect:

7 A. gratuitous services rendered in cases of
8 emergency;

9 B. the domestic administration of family remedies;

10 C. the practice of midwifery as regulated in this
11 state;

12 D. commissioned medical officers of the armed
13 forces of the United States and medical officers of the
14 commissioned corps of the United States public health service
15 or the United States department of veterans affairs in the
16 discharge of their official duties or within federally
17 controlled facilities; provided that such persons who hold
18 medical licenses in New Mexico shall be subject to the
19 provisions of the Medical Practice Act; and provided further
20 that all such persons shall be fully licensed to practice
21 medicine in one or more jurisdictions of the United States;

22 E. the practice of medicine by a physician,
23 unlicensed in New Mexico, who performs emergency medical
24 procedures in air or ground transportation on a patient from
25 inside of New Mexico to another state or back; provided that

1 the physician is duly licensed in that state;

2 F. the practice, as defined and limited under
3 their respective licensing laws, of:

4 (1) dentistry;

5 (2) podiatry;

6 (3) nursing;

7 (4) optometry;

8 (5) psychology;

9 (6) chiropractic;

10 (7) pharmacy;

11 (8) acupuncture and oriental medicine; or

12 (9) physical therapy;

13 G. an act, task or function of laboratory
14 technicians or technologists, x-ray technicians, nurse
15 practitioners, medical or surgical assistants or other
16 technicians or qualified persons permitted by law or
17 established by custom as part of the duties delegated to them
18 by:

19 (1) a licensed physician or a hospital,
20 clinic or institution licensed or approved by the public
21 health division of the department of health or an agency of
22 the federal government; or

23 (2) a health care program operated or
24 financed by an agency of the state or federal government;

25 H. a properly trained medical or surgical

1 assistant or technician or professional licensee performing
2 under the physician's employment and direct supervision or a
3 visiting physician or surgeon operating under the physician's
4 direct supervision a medical act that a reasonable and
5 prudent physician would find within the scope of sound
6 medical judgment to delegate if, in the opinion of the
7 delegating physician, the act can be properly and safely
8 performed in its customary manner and if the person does not
9 hold the person's own self out to the public as being
10 authorized to practice medicine in New Mexico. The
11 delegating physician shall remain responsible for the medical
12 acts of the person performing the delegated medical acts;

13 I. the practice of the religious tenets of a
14 church in the ministration to the sick or suffering by mental
15 or spiritual means as provided by law; provided that the
16 Medical Practice Act shall not be construed to exempt a
17 person from the operation or enforcement of the sanitary and
18 quarantine laws of the state;

19 J. the acts of a physician licensed under the laws
20 of another state of the United States who is the treating
21 physician of a patient and orders home health or hospice
22 services for a resident of New Mexico to be delivered by a
23 home and community support services agency licensed in this
24 state; provided that a change in the condition of the patient
25 shall be physically reevaluated by the treating physician in

1 the treating physician's jurisdiction or by a licensed
2 New Mexico physician;

3 K. a physician licensed to practice under the
4 laws of another state who acts as a consultant to a
5 New Mexico-licensed physician on an irregular or infrequent
6 basis, as defined by rule of the board; and

7 L. a physician who engages in the informal
8 practice of medicine across state lines without compensation
9 or expectation of compensation; provided that the practice of
10 medicine across state lines conducted within the parameters
11 of a contractual relationship shall not be considered
12 informal and is subject to licensure and rule by the board."

13 SECTION 36. Section 61-6-17.1 NMSA 1978 (being
14 Laws 2019, Chapter 184, Section 1) is amended to read:

15 "61-6-17.1. TEMPORARY LICENSURE EXEMPTION--OUT-OF-STATE
16 PHYSICIANS--OUT-OF-STATE SPORTS TEAMS.--

17 A. An individual who is licensed in good standing
18 to practice medicine in another state, and whom the board has
19 not previously found to have violated a provision of the
20 Medical Practice Act, may practice medicine without a license
21 granted by the board if the individual has a written
22 agreement with an out-of-state sports team to provide care to
23 team members and staff traveling with the team for a specific
24 sporting event to take place in this state; provided that:

25 (1) the individual has a written agreement

1 with the out-of-state sports team governing body to provide
2 health care services to an out-of-state sports team athlete
3 or staff member at a scheduled sporting event;

4 (2) the individual's practice is limited to
5 medical care to assist injured and ill players and coordinate
6 appropriate referral to in-state health care providers as
7 needed;

8 (3) the services to be provided by the
9 individual are within the scope of practice authorized
10 pursuant to the Medical Practice Act and rules of the board;

11 (4) the individual has professional
12 liability coverage for the duration of the sporting event;

13 (5) the individual shall not:

14 (a) provide care or consultation to a
15 resident of this state, other than a member of the
16 out-of-state sports team during a sporting event; or

17 (b) practice medicine in the state,
18 outside of the sporting event;

19 (6) the authorization to practice without a
20 board-issued license pursuant to this section shall be valid
21 only during the time of the sporting event, while the
22 individual granted the authorization is providing care to the
23 out-of-state sports team, and is limited to the duration of
24 the sporting event;

25 (7) the individual or out-of-state sports

1 team shall report to the board any potential:

2 (a) medical license violation;

3 (b) practice negligence; or

4 (c) unprofessional or dishonorable

5 conduct, as those terms are defined in board rules;

6 (8) the individual's practice of medicine
7 pursuant to this section shall be subject to board oversight,
8 investigation and discipline in accordance with the
9 provisions of the Medical Practice Act; and

10 (9) the board may report to a licensing
11 board in a state in which an individual practicing medicine
12 pursuant to this section is licensed to practice medicine any
13 findings it makes pursuant to an investigation or
14 disciplinary action that the board undertakes.

15 B. The board shall adopt and promulgate rules to
16 implement the provisions of this section.

17 C. As used in this section:

18 (1) "out-of-state sports team" means an
19 entity or organization:

20 (a) for which athletes engage in a
21 sporting event;

22 (b) headquartered or organized under
23 laws other than the laws of New Mexico; and

24 (c) a majority of whose staff and
25 athletes are residents of another state; and

1 (2) "sporting event" means a scheduled
2 sporting event involving an out-of-state sports team for
3 which an admission fee is charged to the public, including
4 any preparation or practice related to the activity."

5 SECTION 37. Section 61-6-18 NMSA 1978 (being Laws 1989,
6 Chapter 269, Section 14, as amended) is amended to read:

7 "61-6-18. MEDICAL STUDENTS--INTERNS--RESIDENTS--
8 FELLOWS.--

9 A. Nothing in the Medical Practice Act shall
10 prevent a medical student properly registered or enrolled in
11 a medical college or school in good standing from diagnosing
12 or treating the sick or afflicted, provided that the medical
13 student does not receive compensation for services and such
14 services are rendered under the supervision of the school
15 faculty as part of the student's course of study.

16 B. Any intern, resident or fellow who is appointed
17 in a board-approved residency or fellowship training program
18 may pursue such training after obtaining a postgraduate
19 training license from the board. The board may adopt by rule
20 specific education or examination requirements for a
21 postgraduate training license.

22 C. Any person serving in the assigned rotations
23 and performing the assigned duties in a board-approved
24 residency or fellowship training program accredited in New
25 Mexico may do so for an aggregate period not to exceed eight

1 years or completion of the residency, whichever is shorter.

2 D. The board may require any applicant for a
3 postgraduate training license required in Subsections B and C
4 of this section to personally appear before the board or a
5 designated member of the board for an interview.

6 E. Every applicant for a postgraduate training
7 license under this section shall pay the fees required by
8 Section 61-6-19 NMSA 1978.

9 F. Postgraduate training licenses shall be renewed
10 annually and shall be effective during each year or part of a
11 year of postgraduate training."

12 SECTION 38. Section 61-6-18.1 NMSA 1978 (being
13 Laws 1994, Chapter 80, Section 10, as amended) is amended to
14 read:

15 "61-6-18.1. PUBLIC SERVICE LICENSE.--

16 A. Applicants for a public service license shall
17 meet all requirements for licensure and shall:

18 (1) be enrolled in a board-approved
19 residency or fellowship training program either in New Mexico
20 or in another jurisdiction;

21 (2) obtain written approval from the
22 training program director of the applicant to pursue a public
23 service practice opportunity outside the residency training
24 program; and

25 (3) satisfy other reasonable requirements

1 imposed by the board.

2 B. A physician with one year of postdoctoral
3 training may apply for a public service license to practice
4 under the direct supervision of a licensed physician or with
5 immediate access to a licensed physician by electronic means
6 when the public service physician is employed in a medically
7 underserved area.

8 C. A public service license shall expire on
9 September 1 of each year and may be renewed by the board.

10 D. An applicant for a public service license shall
11 pay the required fees set forth in Section 61-6-19 NMSA
12 1978."

13 SECTION 39. Section 61-6-19 NMSA 1978 (being Laws 1989,
14 Chapter 269, Section 15, as amended) is amended to read:

15 "61-6-19. FEES.--

16 A. Except as provided in Section 61-1-34
17 NMSA 1978, the board shall impose the following fees:

18 (1) an application fee not to exceed five
19 hundred dollars (\$500) for licensure by endorsement as
20 provided in Section 61-6-13 NMSA 1978;

21 (2) an application fee not to exceed five
22 hundred dollars (\$500) for licensure by examination as
23 provided in Section 61-6-11 NMSA 1978;

24 (3) a triennial renewal fee not to exceed
25 five hundred dollars (\$500);

1 (4) a fee of twenty-five dollars (\$25.00)
2 for placing a physician's license or a physician assistant's
3 license on inactive status;

4 (5) a late fee not to exceed one hundred
5 dollars (\$100) for physicians who renew their license within
6 forty-five days after the required renewal date;

7 (6) a late fee not to exceed two hundred
8 dollars (\$200) for physicians who renew their licenses
9 between forty-six and ninety days after the required renewal
10 date;

11 (7) a reinstatement fee not to exceed seven
12 hundred dollars (\$700) for reinstatement of a revoked,
13 suspended or inactive license;

14 (8) a reasonable administrative fee for
15 verification and duplication of license or registration and
16 copying of records;

17 (9) a reasonable publication fee for the
18 purchase of a publication containing the names of all
19 practitioners licensed under the Medical Practice Act;

20 (10) an impaired physician fee not to exceed
21 one hundred fifty dollars (\$150) for a three-year period;

22 (11) an interim license fee not to exceed
23 one hundred dollars (\$100);

24 (12) a temporary license fee not to exceed
25 one hundred dollars (\$100);

1 (13) a postgraduate training license fee not
2 to exceed fifty dollars (\$50.00) annually;

3 (14) an application fee not to exceed one
4 hundred fifty dollars (\$150) for physician assistants
5 applying for initial licensure;

6 (15) a licensure fee not to exceed one
7 hundred fifty dollars (\$150) for physician assistants
8 biennial license renewal and registration of supervising or
9 collaborating licensed physician;

10 (16) a late fee not to exceed fifty dollars
11 (\$50.00) for physician assistants who renew their licensure
12 within forty-five days after the required renewal date;

13 (17) a late fee not to exceed seventy-five
14 dollars (\$75.00) for physician assistants who renew their
15 licensure between forty-six and ninety days after the
16 required renewal date;

17 (18) a reinstatement fee not to exceed one
18 hundred dollars (\$100) for physician assistants who reinstate
19 an expired license;

20 (19) a fee not to exceed three hundred
21 dollars (\$300) annually for a physician supervising a
22 clinical pharmacist;

23 (20) an application and renewal fee for a
24 telemedicine license not to exceed nine hundred dollars
25 (\$900);

1 (21) a reasonable administrative fee, not to
2 exceed the current cost of application and license or renewal
3 for a license, that may be charged for reprocessing
4 applications and renewals that include minor but significant
5 errors and that would otherwise be subject to investigation
6 and possible disciplinary action; and

7 (22) a reasonable fee as established by the
8 department of public safety for nationwide and statewide
9 criminal history screening of applicants and licensees.

10 B. All fees are nonrefundable and shall be used by
11 the board to carry out its duties efficiently."

12 SECTION 40. Section 61-6-21 NMSA 1978 (being Laws 1989,
13 Chapter 269, Section 17, as amended) is amended to read:

14 "61-6-21. CONTINUING MEDICAL EDUCATION--PENALTY.--

15 A. For the purpose of protecting the health and
16 well-being of the residents of this state and for maintaining
17 and continuing informed professional knowledge and awareness,
18 the board shall establish mandatory continuing educational
19 requirements for licensees under its authority.

20 B. The board may suspend the license of a licensee
21 who fails to comply with continuing medical education or
22 continuing education requirements until the requirements are
23 fulfilled and may take any further disciplinary action if the
24 licensee fails to remediate the deficiencies, including
25 revocation of license."

1 SECTION 41. Section 61-6-23 NMSA 1978 (being Laws 1989,
2 Chapter 269, Section 19, as amended) is amended to read:

3 "61-6-23. INVESTIGATION--SUBPOENA.--To investigate a
4 complaint against an applicant or a licensee, the board may
5 issue investigative subpoenas prior to the issuance of a
6 notice of contemplated action."

7 SECTION 42. Section 61-6-28 NMSA 1978 (being Laws 1945,
8 Chapter 74, Section 3, as amended) is amended to read:

9 "61-6-28. LICENSED PHYSICIANS--CHANGING LOCATION.--A
10 licensed physician or practitioner under licensure authority
11 of the board or who applies for a license issued by the board
12 who changes the location of the physician's or practitioner's
13 office or residence shall promptly notify the board of the
14 change. Applicants and licensees shall maintain a current
15 address, phone number and email address with the board."

16 SECTION 43. Section 61-6-30 NMSA 1978 (being Laws 1969,
17 Chapter 46, Section 15, as amended) is amended to read:

18 "61-6-30. RESTORATION OF GOOD STANDING--FEES AND OTHER
19 REQUIREMENTS.--

20 A. Before restoring to good standing a license
21 that has been in a revoked, suspended or inactive status for
22 any cause for more than two years, the board may require the
23 applicant to pass an oral or written examination, or both, to
24 determine the current fitness and competence of the applicant
25 to resume practice and may impose terms, conditions or

1 restrictions in its discretion.

2 B. The authority of the board to impose terms,
3 conditions or restrictions includes, but is not limited to,
4 the following:

5 (1) requiring the applicant to obtain
6 additional training and to pass an examination upon
7 completion of such training; or

8 (2) restricting or limiting the extent,
9 scope or type of practice of the applicant.

10 C. The board shall also consider the moral
11 background and the activities of the applicant during the
12 period of suspension or inactivity.

13 D. If the board in its discretion determines that
14 the applicant is qualified to be reissued a license in good
15 standing, the applicant shall pay to the board a
16 reinstatement fee."

17 SECTION 44. Section 61-6-31 NMSA 1978 (being Laws 1989,
18 Chapter 269, Section 27, as amended) is amended to read:

19 "61-6-31. DISPOSITION OF FUNDS--NEW MEXICO MEDICAL
20 BOARD FUND CREATED--METHOD OF PAYMENTS.--

21 A. There is created the "New Mexico medical board
22 fund".

23 B. All funds received by the board and money
24 collected under the Medical Practice Act, the Physician
25 Assistant Act, the Anesthesiologist Assistants Act, the

1 Genetic Counseling Act, the Polysomnography Practice Act, the
2 Impaired Health Care Provider Act, the Naturopathic Doctors'
3 Practice Act and the Naprapathic Practice Act shall be
4 deposited with the state treasurer, who shall place the same
5 to the credit of the New Mexico medical board fund.

6 C. All payments out of the fund shall be made on
7 vouchers issued and signed by the secretary-treasurer of the
8 board or the designee of the secretary-treasurer upon
9 warrants drawn by the department of finance and
10 administration in accordance with the budget approved by that
11 department.

12 D. All amounts in the New Mexico medical board
13 fund shall be subject to the order of the board and shall be
14 used only for the purpose of meeting necessary expenses
15 incurred in:

16 (1) the performance of the provisions of the
17 Medical Practice Act, the Physician Assistant Act, the
18 Anesthesiologist Assistants Act, the Genetic Counseling Act,
19 the Polysomnography Practice Act, the Impaired Health Care
20 Provider Act, the Naturopathic Doctors' Practice Act and the
21 Naprapathic Practice Act and the duties and powers imposed by
22 those acts;

23 (2) the promotion of medical education and
24 standards in this state within the budgetary limits; and

25 (3) efforts to recruit and retain medical

1 and osteopathic physicians for practice in New Mexico.

2 E. All funds that may have accumulated to the
3 credit of the board under any previous law shall be
4 transferred to the New Mexico medical board fund and shall
5 continue to be available for use by the board in accordance
6 with the provisions of the Medical Practice Act, the
7 Physician Assistant Act, the Anesthesiologist Assistants Act,
8 the Genetic Counseling Act, the Polysomnography Practice Act,
9 the Impaired Health Care Provider Act, the Naturopathic
10 Doctors' Practice Act and the Naprapathic Practice Act. All
11 money unused at the end of the fiscal year shall not revert,
12 but shall remain in the fund for use in accordance with the
13 provisions of the Medical Practice Act, the Physician
14 Assistant Act, the Anesthesiologist Assistants Act, the
15 Genetic Counseling Act, the Polysomnography Practice Act, the
16 Impaired Health Care Provider Act, the Naturopathic Doctors'
17 Practice Act and the Naprapathic Practice Act."

18 SECTION 45. Section 61-6-32 NMSA 1978 (being Laws 1961,
19 Chapter 130, Section 3, as amended) is amended to read:

20 "61-6-32. TERMINATION OF SUSPENSION OF LICENSE FOR
21 MENTAL ILLNESS--RESTORATION--TERMS AND CONDITIONS.--

22 A. A suspension under Paragraph (25) of
23 Subsection D of Section 61-6-15 NMSA 1978 may, in the
24 discretion of the board, be terminated, but the suspension
25 shall continue and the board shall not restore to the former

1 practitioner the privilege to practice medicine in this state
2 until:

3 (1) the board receives competent evidence
4 that the former practitioner is not mentally ill; and

5 (2) the board is satisfied, in the exercise
6 of its discretion and with due regard for the public
7 interest, that the practitioner's former privilege to
8 practice medicine may be safely restored.

9 B. If the board, in the exercise of its
10 discretion, determines that the practitioner's former
11 privilege to practice medicine may be safely restored, it may
12 restore the privilege upon whatever terms and conditions it
13 deems advisable. If the practitioner fails, refuses or
14 neglects to abide by the terms and conditions, the
15 practitioner's license to practice medicine may, in the
16 discretion of the board, be again suspended indefinitely."

17 SECTION 46. Section 61-6A-5 NMSA 1978 (being Laws 2008,
18 Chapter 53, Section 5) is amended to read:

19 "61-6A-5. EXEMPTIONS.--

20 A. Nothing in the Genetic Counseling Act is
21 intended to limit, interfere with or prevent a licensed
22 health care professional from practicing within the scope of
23 the professional license of that health care professional;
24 however, a licensed health care professional shall not
25 advertise to the public or any private group or business by

1 using any title or description of services that includes the
2 term "genetic counseling" unless the health care professional
3 is licensed under the Genetic Counseling Act.

4 B. The Genetic Counseling Act shall not apply to
5 or affect:

6 (1) a medical physician or an osteopathic
7 physician licensed under the Medical Practice Act; or

8 (2) a commissioned physician or surgeon
9 serving in the armed forces of the United States or a federal
10 agency."

11 SECTION 47. Section 61-11B-3 NMSA 1978 (being
12 Laws 1993, Chapter 191, Section 3, as amended) is amended to
13 read:

14 "61-11B-3. PHARMACIST CLINICIAN PRESCRIPTIVE
15 AUTHORITY.--

16 A. A pharmacist clinician planning to exercise
17 prescriptive authority in practice shall have on file at the
18 place of practice written guidelines or protocol. The
19 guidelines or protocol shall authorize a pharmacist clinician
20 to exercise prescriptive authority and shall be established
21 and approved by a practitioner in accordance with regulations
22 adopted by the board. A copy of the written guidelines or
23 protocol shall be on file with the board. The practitioner
24 who is a party to the guidelines or protocol shall be in
25 active practice and the prescriptive authority that the

1 practitioner grants to a pharmacist clinician shall be within
2 the scope of the practitioner's current practice.

3 B. The guidelines or protocol required by
4 Subsection A of this section shall include:

5 (1) a statement identifying the practitioner
6 authorized to prescribe dangerous drugs and the pharmacist
7 clinician who is a party to the guidelines or protocol;

8 (2) a statement of the types of prescriptive
9 authority decisions that the pharmacist clinician is
10 authorized to make, which may include:

11 (a) a statement of the types of
12 diseases, dangerous drugs or dangerous drug categories
13 involved and the type of prescriptive authority authorized in
14 each case; and

15 (b) a general statement of the
16 procedures, decision criteria or plan the pharmacist
17 clinician is to follow when exercising prescriptive
18 authority;

19 (3) a statement of the activities the
20 pharmacist clinician is to follow in the course of exercising
21 prescriptive authority, including documentation of decisions
22 made and a plan for communication or feedback to the
23 authorizing practitioner concerning specific decisions made.

24 Documentation may occur on the prescriptive record, patient
25 profile, patient medical chart or in a separate log book; and

1 (4) a statement that describes appropriate
2 mechanisms for reporting to the practitioner monitoring
3 activities and results.

4 C. The written guidelines or protocol shall be
5 reviewed and shall be revised every two years if necessary.

6 D. A pharmacist clinician planning to exercise
7 prescriptive authority in practice shall be authorized to
8 monitor dangerous drug therapy.

9 E. The board shall adopt regulations to carry out
10 the provisions of the Pharmacist Prescriptive Authority Act.

11 F. For the purpose of the Pharmacist Prescriptive
12 Authority Act, the New Mexico medical board shall adopt rules
13 concerning the guidelines and protocol for their respective
14 practitioners defined in Subsection D of Section 61-11B-2
15 NMSA 1978."

16 SECTION 48. TEMPORARY PROVISION--TRANSFER OF FUNCTIONS,
17 PERSONNEL, MONEY, APPROPRIATIONS, PROPERTY, CONTRACTUAL
18 OBLIGATIONS AND STATUTORY REFERENCES.--

19 A. On the effective date of this act, all
20 functions, personnel, money, appropriations, records,
21 furniture, equipment, supplies and other property of the
22 board of osteopathic medicine are transferred to the
23 New Mexico medical board.

24 B. On the effective date of this act, all
25 contractual obligations of the board of osteopathic medicine

1 are binding on the New Mexico medical board.

2 C. On the effective date of this act, all
3 references in law to the board of osteopathic medicine shall
4 be deemed to be references to the New Mexico medical board.

5 SECTION 49. REPEAL.--Sections 61-10-1.1 through
6 61-10-22 NMSA 1978 (being Laws 2016, Chapter 90, Sections 1
7 and 2, Laws 1974, Chapter 78, Section 16, Laws 1933,
8 Chapter 117, Sections 2 and 3, Laws 2016, Chapter 90,
9 Sections 5, 21 and 6 through 8, Laws 2019, Chapter 184,
10 Section 2, Laws 1933, Chapter 117, Sections 6, 8 and 9,
11 Laws 2016, Chapter 90, Sections 19 and 22 through 25,
12 Laws 2019, Chapter 19, Section 9, Laws 1933, Chapter 117,
13 Sections 10 and 12, Laws 2016, Chapter 90, Sections 12 and
14 20, Laws 1933, Chapter 117, Section 14, Laws 2016,
15 Chapter 90, Section 18, Laws 1933, Chapter 117, Sections 15
16 and 16, Laws 1971, Chapter 140, Sections 1 and 2, Laws 1945,
17 Chapter 79, Section 7 and Laws 1979, Chapter 36, Section 2, as
18 amended) are repealed effective July 1, 2022. _____

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