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FISCAL IMPACT REPORT

SPONSOR <u>Armstrong/Diamond</u>	LAST UPDATED <u>3/8/23</u>
	ORIGINAL DATE <u>2/28/2023</u>
SHORT TITLE <u>Nurse Practitioner Emergency Med Direction</u>	BILL NUMBER <u>House Bill 362/aHHHC</u>
	ANALYST <u>Dinces</u>

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

	FY23	FY24	FY25	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
	No fiscal impact	No fiscal impact	No fiscal impact			

Parentheses () indicate expenditure decreases.
*Amounts reflect most recent version of this legislation.

Sources of Information

LFC Files

Responses Received From
Board of Nursing
Department of Health

SUMMARY

Synopsis of HHC Amendment to House Bill 362

The House Health and Human Services Committee amendment to House Bill 362 strikes “and” and inserts in lieu thereof “or” on page 6, line 11.

Synopsis of Original Bill

House Bill 362 (HB362) amends the Emergency Medical Services (EMS) Act (Section 24-10B-3 NMSA 1978) to allow Certified Nurse Practitioners to provide “Medical Direction” which includes authority over EMS agencies and caregivers. This bill adds the definition of certified nurse practitioner, and adds certified nurse practitioners to personnel able to provide medical direction and adds certified nurse practitioners as medical directors to advise and support approved training programs. Certified Nurse Practitioners’ scope of practice is based on their license, accreditation, certification, and education to meet this role.

This bill does not contain an effective date, and as a result, would go into effect June 16, 2023, (90 days after the Legislature adjourns) if signed.

FISCAL IMPLICATIONS

There are likely no fiscal implications within HB362 as it should not significantly impact any agency operations.

SIGNIFICANT ISSUES

Research highlights that New Mexico will likely have a worsening physician shortage in coming years.¹ Allowing nurse practitioners or other mid-level medical professionals the ability to practice in roles previously reserved for only physicians may help alleviate some of this shortage. However, the state will also need to ensure adequate training of these professionals.

According to the Department of Health:

Medical direction for EMS systems encompasses all aspects of medical oversight for medical care provided in the prehospital setting. Direct medical oversight, or online medical direction, involves real-time communications with EMS providers caring for a patient on an emergency scene or enroute to the destination facility.

The American Board of Medical Specialties (ABMS) established “EMS Physician” as a medical specialty in September of 2010. EMS Fellowships, such as the program at the University of New Mexico, provide specific EMS training and education for Emergency Physicians desiring to function as EMS Medical Directors (<https://www.abms.org/board/american-board-of-emergency-medicine/#abem-ems>).

Specific training and knowledge is required to be an EMS medical director. Physician medical directors across the country spend at least a year in fellowship after residency familiarizing themselves with the skills and knowledge required to obtain board certification. This level of licensure ensures clinical competence, specialty expertise, and maintenance of standards of care. Additionally, according to the American Board of Emergency Medicine, the subspecialty of EMS is recognized as: "An emergency medicine physician specializing in Emergency Medical Services [who] has special knowledge and skills for the delivery of medical care of the acutely ill or injured patient in the pre-hospital setting" (<https://www.abms.org/board/american-board-of-emergency-medicine/#abem-ems>).

Additionally, the EMS Agenda 2050 states “EMS physicians’ education and training prepares them to be leaders and patient advocates who lead the medical oversight of regional systems for acute and non-acute unscheduled healthcare, with expertise in the clinical aspects of care, as well as disaster management, telemedicine, care coordination, patient navigation and the social determinants of health. (<https://emsagenda2050.org>).

It is unclear if similar specialty EMS education exists for Certified Nurse Practitioners.

¹ <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-020-0448-3>

ADMINISTRATIVE IMPLICATIONS

According to the Department of Health:

Administrative rule would need to be updated to include Certified Nurse Practitioner in Medical Direction, including the requirements for Certified Nurse Practitioners desiring to practice as an EMS Medical Director.

TECHNICAL ISSUES

According to the Department of Health:

Page 6 – line 11 proposes that training institutions would be required to secure “physicians and certified nurse practitioners” to advise training programs. This verbiage indicates they would need both, rather than a medical director who is either a physician or nurse practitioner.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

According to the Board of Nursing:

Program medical direction may struggle to have sufficient numbers and expertise without additional professionals to support activities and training.

According to the Department of Health:

If House Bill 362 (HB362) is not enacted, the EMS Act (Section 24-10B-3 NMSA 1978) would not be amended to allow Certified Nurse Practitioners to provide “Medical Direction” which includes authority over Emergency Medical Services (EMS) agencies and caregivers. Certified Nurse Practitioners would not be added to the Medical Direction required by EMS training institutions.

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