

LFC Requester:	Noah Montano
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AGENCY BILL ANALYSIS - 2026 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO

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(Analysis must be uploaded as a PDF)

SECTION I: GENERAL INFORMATION

{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

Date Prepared: 2/10/2026 *Check all that apply:*
Bill Number: HB213 Original Correction
 Amendment Substitute

Sponsor: Dayan Hochman- Vigil **Agency Name and Code** New Mexico Medical Board-446
Person Writing Analysis: Monique Parks, Interim Exec. Director
Short Title: Optometry Act to expand the Scope of Optometry Practice **Email** moniquem.parks@nm
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SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		

(Parenthesis () indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected

Total						
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(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:
 Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis:

HB213 amends the Optometry Act to expand the scope of optometry practice to include certain laser applications and expands the authority of the Board of Optometry to include development and administration of credential requirements for the performance of procedures involving the use of lasers.

FISCAL IMPLICATIONS

None for The New Mexico Medical Board

SIGNIFICANT ISSUES

The NMMB is charged with protecting the public from the improper, unprofessional, incompetent, and unlawful practice of medicine.

HB 213, a change to the scope of practice by allowing optometrists to perform surgical procedures on the eye, including procedures that require use of a scalpel, injection, or the use of lasers is not endorsed by the NMMB.

Patient safety, protection, and quality of care are of utmost importance and patients must be assured that individuals who perform invasive procedures have appropriate medical education and training.

Surgery on or around the human eye is not something to be taken lightly. The AMA defines surgery as the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue, which include lasers, ultrasound, ionizing radiation, scalpels, probes, and needles. All surgical procedures are invasive, including those that are performed with lasers. The risks associated with any surgical procedure are not eliminated by using a light knife or laser in place of a metal knife or scalpel.

Surgery on the human eye is not risk-free and there are no “uncomplicated” surgeries involving the eye or tissues surrounding the eye. Complex surgical procedures, such as laser eye surgery and needle injections administered to the eye, require specialized education and training. Additionally, surgery on the eye requires medical supervision during surgical preparation, performance of the procedure, and postoperative patient care. Such training must include not only the technical skills needed to perform the procedure itself, but also the medical knowledge needed to analyze when surgery may or may not be clinically indicated.

In terms of patient safety and quality, there is no primary research evaluating the surgical outcomes of optometrists performing these procedures. If there was strong evidence that optometrists provide surgical care at the same quality level as ophthalmologists; we would expect to see studies supporting this—but no such data exists. We do know that surgical outcomes improve with experience and training:

- A 2016 systematic review of thirty-two meta-analyses evaluating over 180 studies concluded that higher surgical volume is directly correlated with better patient outcomes.
- Ophthalmologists complete 8–10 years of medical training and are required to perform a minimum number of surgeries before graduating from residency.
- A published report from an ophthalmology residency program found that residents perform over five hundred surgeries before graduation.
- Optometrists do not receive this level of training, even with expanded programs, raising serious concerns about patient safety and surgical quality.
- Shifting surgeries to optometrists, who receive significantly less training than ophthalmologists, poses serious patient safety risks.

The NMMB identifies potential statutory conflicts arising from HB 213, as it authorizes optometrists to diagnose and treat disease through operative laser procedures that constitute the practice of medicine under the Medical Practice Act.

The ophthalmic lasers authorized under HB 213 (including YAG and glaucoma laser systems) are medical surgical lasers classified in the highest laser hazard categories, Class 3B and Class 4, because they can cut or photodisrupt ocular tissue and pose permanent vision risks if misused.

Additionally, HB 213 moves surgery outside the Medical Practice Act.

HB 213 explicitly authorizes laser procedures on live human eyes yet vests oversight with the Optometry Board rather than the Medical Board. Surgery belongs in the Medical Practice Act with physician-level standards, enforcement authority, and medical oversight.

NM Stat § 61-6-6 (2024)

J. "the practice of medicine" consists of:

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

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

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

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

2024 New Mexico Statutes

Chapter 61 - Professional and Occupational Licenses

Article 6 - Medicine and Surgery

Section 61-6-1 - Short title; purpose.

NM Stat § 61-6-1 (2024)

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

B. In the interest of the public health, safety and welfare and to protect the public from the improper, unprofessional, incompetent and unlawful practice of medicine, it is necessary to provide laws and rules controlling the granting and use of the privilege to practice medicine and to establish a medical board to implement and enforce the laws and rules.

New Mexico Statutes Chapter 61. Professional and Occupational Licenses § 61-2-2.

Definitions

As used in the Optometry Act:

A. “practice of optometry” means:

- (1) the employment of any subjective or objective means or methods, including but not limited to the use of lenses, prisms, autorefractors or other automated testing devices, and includes the prescription or administration of drugs for the purpose of diagnosing the visual defects or abnormal conditions of the human eye and its adnexa;
- (2) the employing, adapting or prescribing of preventive or corrective measures, including but not limited to lenses, prisms, contact or corneal lenses or other optical appliances, ocular exercises, vision therapy, vision training and vision rehabilitation services, and includes the prescription or administration of all drugs rational for the correction, relief or referral of visual defects or abnormal conditions of the human eye and its adnexa; and
- (3) does not include the use of surgery or injections in the treatment of eye diseases except for the use of the following types of in-office minor surgical procedures

Addendum prepared 2/10/26 RE: HB 213 substitute with amendment:

The amendment provides for a new credentialing pathway of 32 hours OR a graduation date of 2026 or later from optometry school along with passage of a national examination.

It requires completion of ONE supervised procedure set on a live human patient (such as 5 YAG laser capsulotomies), does NOT require successful completion of ALL procedure types and allows supervision by either a licensed ophthalmologist or an optometrist already credentialed under the statute. Reporting adverse outcomes are reported only to the Board of Optometry.

Although laser procedures are surgery - they are the cutting of the eye with a laser knife - the practice of optometry definition is changed in the amendment to include specific laser procedures and redefines these procedures, thus removing oversight of this surgery from the NM Medical Board.

The regulatory oversight of these laser surgical procedures is moved to the Board of Optometry, and the Medical Board is removed from licensing, oversight, and enforcement of these specific surgical procedures.

As previously stated, patient safety, protection and quality of care are of utmost importance and patients must be assured that individuals who perform invasive procedures have appropriate medical training, education, and experience in these procedures.

The NMMB remains in opposition to the amended bill.

PERFORMANCE IMPLICATIONS

None for The New Mexico Medical Board

ADMINISTRATIVE IMPLICATIONS

None for The New Mexico Medical Board

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None for The New Mexico Medical Board

TECHNICAL ISSUES

None for The New Mexico Medical Board

OTHER SUBSTANTIVE ISSUES

None for The New Mexico Medical Board

ALTERNATIVES

None for The New Mexico Medical Board

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

None for The New Mexico Medical Board

AMENDMENTS

None for The New Mexico Medical Board