

LFC Requester:

Emily Hilla

**AGENCY BILL ANALYSIS - 2026 REGULAR SESSION**

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO

[AgencyAnalysis.nmlegis.gov](http://AgencyAnalysis.nmlegis.gov) and email to [billanalysis@dfa.nm.gov](mailto:billanalysis@dfa.nm.gov)*(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: 2/3/2026

Check all that apply:

Bill Number: House Bill 277Original  Correction Amendment  Substitute Sponsor: Rep. Nicole ChavezAgency Name  
and CodeRegulation & Licensing Dept.  
(RLD), 420Short Scope of Practice Advisory

Number:

Title: Committee

Person Writing

Jen RodriguezPhone: 505.623.1701Email Jen.rodriguez@rld.nm.gov**SECTION II: FISCAL IMPACT****APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		
0	200	Nonrecurring	General Fund

**REVENUE (dollars in thousands)**

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		
N/A	N/A	N/A	N/A	N/A

(Parenthesis ( ) indicate revenue decreases)

**ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)**

	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>	N/A	N/A	N/A	N/A	N/A	N/A

(Parenthesis ( ) Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to: 2016 House Bill 102; 2017 Senate Bill 145.

## **SECTION III: NARRATIVE**

### **BILL SUMMARY**

Synopsis: House Bill 277 (HB 277)

HB 277 creates the Scope of Practice Act (SOP Act) and establishes a nine-member Scope of Practice Advisory Committee (Committee) within the Department of Health (DOH). The Committee would be tasked with reviewing and evaluating proposed changes to the scopes of practice for licensed health care professions in New Mexico, including the following health licensing boards administratively attached to the Regulations and Licensing Department (RLD):

1. Board of Optometry;
2. Chiropractic Board;
3. Board of Dental Health Care;
4. Nutrition and Dietetics Practice Board;
5. Board of Psychologist Examiners;
6. Counseling and Therapy Practices Board;
7. Board of Pharmacy;
8. Board of Examiners for Occupational Therapy;
9. Massage Therapy Board;
10. Physical Therapy Board;
11. Board of Acupuncture and Oriental Medicine;
12. Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Practices Board;
13. Athletic Trainer Practice Board; and
14. Board of Social Work Examiners.

Additionally, HB 277 impacts the Advisory Board of Respiratory Care Practitioners under the RLD.

The Committee consists of nine (9) members. Four (4) members would be appointed by the governor, with no more than two (2) of those members being from the same political party, and two (2) of those members being physicians (one (1) medical doctor and one (1) doctor of osteopathic medicine); one (1) member from University of New Mexico Health Sciences Center; and one (1) attorney with plaintiff medical malpractice experience. Four (4) members would be appointed by the legislative council with no more than two (2) of those members being from the same political party, two (2) of those members being health care professionals licensed in New Mexico, and two (2) members representing the interest of health care consumers. The final member will be the Secretary of Health or their designee. Members of the Committee will serve staggered terms and may receive per diem and mileage.

Licensing boards or legislators may submit requests for scope-of-practice changes, which must include a description of the proposal, evidence-based support, and anticipated impacts on patient safety, access, and costs. The committee must review qualifying requests, post them publicly, and hold a public hearing on qualifying requests within sixty (60) days.

In evaluating proposals, the Committee will consider factors such as patient safety, education and training, supervision requirements, access to care (especially in rural or underserved areas), health care costs, workforce development, regulatory consistency, and national standards. After a public

hearing, the Committee votes to endorse, modify, or reject each proposal and issue a public report detailing its decision and vote.

HB 277 appropriates two-hundred thousand dollars (\$200,000) from the General Fund to the Department of Health for FY27 to implement the Act.

The effective date of HB 277 is May 20, 2026.

### **FISCAL IMPLICATIONS**

The Board of Pharmacy provided the following regarding fiscal implications:

“The appropriation in HB 277 is directed to the Department of Health, with no direct funding or revenue impact for the Board of Pharmacy. However, the Board may incur additional administrative costs in participating in committee hearings, preparing testimony or documentation, and responding to committee reports and requests, depending on the frequency or complexity of proposed scope changes. These costs are not quantified in the bill and are expected to be absorbed with current Board resources.”

The other impacted boards administratively attached to the RLD do not anticipate any fiscal implications from HB 277.

### **SIGNIFICANT ISSUES**

The RLD anticipates that the Committee, as currently structured in HB 277, has the potential to raise concerns among the health professionals licensed and regulated by boards administratively attached to the RLD because those professions have no guaranteed representation on the Committee. The Committee will have the authority to make decisions that deeply impact those professions, effectively becoming another regulator for these professions. Consideration should be given to adding a member to the Committee who would represent those health care boards and commissions administratively attached to the RLD who would serve as a member of the Committee and act as the liaison for boards administratively attached to RLD. *See Amendments below.*

The Board of Pharmacy provided the following regarding significant issues:

- “HB 277 alters the current framework in which the Board of Pharmacy reviews, approves, or recommends changes to the scope of practice for pharmacists and pharmacy technicians by introducing a separate committee-based process. This could diminish the Board’s control or discretion over such changes, making the committee’s evaluation, recommendation, or modification a potentially influential or even required intermediate step.
- The committee process requires input from "pertinent licensing boards," which would include the Board of Pharmacy on any pharmacy-related proposals, but decision-making authority regarding recommendations may shift to the new committee, thereby reducing the direct authority or autonomy of the Board.
- The bill mandates that the committee evaluate proposals for scope changes on criteria such as patient safety, education, workforce, cost, and regulatory consistency, including whether changes conflict with existing statutes or rules. This may overlap or conflict with the Board’s statutory expertise and current processes for analyzing such changes under NMSA 1978, §§ 61-11-1 to 61-11-31, potentially creating procedural duplication or ambiguity regarding ultimate decision-making authority.
- There is no clarification in HB 277 regarding how committee reports and recommendations

interface with or bind actions of the Board, creating possible legal and operational uncertainty.

- Procedural duplication could delay the implementation of scope changes, increase administrative burdens, and create conflicting actions between the Board and the committee, potentially exposing decisions to legal challenges or requiring litigation to resolve jurisdictional disputes.”

## **PERFORMANCE IMPLICATIONS**

The Board of Pharmacy provided the following regarding performance implications:

- “The Board may find that implementation of HB 277 introduces delays or additional layers to the process of considering and acting upon scope of practice changes, potentially impacting its responsiveness or efficiency in responding to workforce or stakeholder needs.
- The Board’s role in ensuring health and safety in pharmacy practice could be diluted or complicated by the advisory committee’s decisions or recommendations.”

## **ADMINISTRATIVE IMPLICATIONS**

The Board of Pharmacy provided the following regarding administrative implications:

- “Board staff and/or members would likely need to prepare written input, attend public hearings, and review the committee’s findings and recommendations concerning pharmacy-related scope changes.
- The Board may need to adjust practices for managing scope of practice petitions or rulemaking to align or coordinate with the committee’s process and reporting timelines.
- There is administrative uncertainty regarding the reconciliation of existing Board procedures with the new requirements, given the lack of explicit statutory amendment to the Board’s duties under NMSA 1978, §§ 61-11-1 to 61-11-31.”

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

HB 277 is similar in scope to 2016’s House Bill 102 and 2017’s Senate Bill 145.

The Board of Pharmacy provided the following regarding conflict, duplication, companionship, relationship:

- “HB 277 may conflict with or duplicate the Board of Pharmacy’s statutory powers and duties under NMSA 1978, §§ 61-11-1 to 61-11-31, pertaining to scope of practice changes. The bill introduces a parallel process with potential for authority disputes, duplicative hearings, or uncertainty about whether Board or committee recommendations are determinative.
- Ambiguity exists as to whether the Board’s own deliberations and rulemaking authority will require concurrence from or be subordinate to the committee’s reports.
- The processes may result in additional regulatory steps and potential for inconsistent findings or recommendations between the committee and the Board.
- Without a clear legal hierarchy, there is a risk that practitioners and regulated parties will receive mixed directives from both the Board and the committee, undermining clarity in enforcement and compliance.”

## **TECHNICAL ISSUES**

The Board of Pharmacy provided the following regarding technical issues:

- “The bill does not clarify the interaction or precedence of the committee’s authority relative to existing statutory authority of the Board of Pharmacy under NMSA 1978, §§ 61-11-1 to

61-11-31.

- Reporting requirements, timelines, and procedural overlap could result in confusion or inefficiencies for applicants or regulated parties.”

### **OTHER SUBSTANTIVE ISSUES**

The Board of Pharmacy provided the following regarding other substantive issues:

- “There is a risk that the policymaking and expert role of the Board in protecting public health could be undermined or complicated.”

### **ALTERNATIVES**

The Board of Pharmacy provided the following regarding alternatives:

- “The Legislature may consider amending HB 277 to clarify that the committee’s role is advisory only and does not supersede or duplicate the statutory authority of each health care licensing board, including the Board of Pharmacy.”

### **WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

The current legislative process for determining the scope of practice for RLD boards will remain the same.

The Board of Pharmacy provided the following regarding the consequences of not enacting this bill:

- “The process for reviewing and implementing changes to the scope of practice for pharmacists and pharmacy technicians would remain governed solely by the Board of Pharmacy’s current statutory authority and processes under NMSA 1978, §§ 61-11-1 to 61-11-31.
- No additional committee review or reporting requirements would be imposed on the Board.”

### **AMENDMENTS**

As listed above, there are currently fifteen (15) boards and commissions administratively attached or under the authority of the RLD that regulate and license health care professions that would be impacted by HB 277. To ensure those boards and commissions are adequately represented on the Committee, the RLD requests that a position for a member of the Committee be added that would be filled by a designee of the Superintendent of the RLD. This additional member of the Committee would be a voting member and serve as a liaison for the health care boards/professions administratively attached to RLD. While this proposed amendment may not fully alleviate the concerns of all health care practitioners licensed and regulated by boards connected to the RLD, it would be a step towards addressing the issue.