

LFC Requestor: Emily Hilla

2026 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: House

Category: Bill

Number: 277

Type: Introduced

Date (of THIS analysis): 02/04/26

Sponsor(s): Nicole Chavez

Short Title: Scope of Practice Advisory Committee

Reviewing Agency: Agency 665 - Department of Health

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 26	FY 27		
\$0	\$200	Nonrecurring*	General Fund

*Any unexpended balance at the end of fiscal year 2027 shall revert to the General Fund.

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 26	FY 27	FY 28		
\$0	\$0	\$0	Not applicable	Not applicable

House Bill 277 does not propose any form of revenue related to its operation, including surcharges, taxes, fees, patient billing, professional board fees, or federal revenues.

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 26	FY 27	FY 28	3 Year Total Cost	Recurring or Non-recurring	Fund Affected

Total	\$0	\$241	\$253	\$504	Recurring	General Fund

Committee:

- Travel and per diem:
 - o Precise estimates are uncertain due to the unknown location of Committee meetings, the location of public meetings, the ability to use virtual means to hold meetings (reducing the need for travel), the originating sites for future Committee and staff members, and the frequency of meetings.
 - o Assuming all nine Committee members travel for meeting for one day every two months in a one-year period (i.e., six in-person meetings per year) to include mileage, hotel for one night, and two days per diem for each meeting:
 - Travel
 - Executive Agencies: \$0.67/mile ([Mileage Rate Calendar-2025](#))
 - Average: Las Cruces to Albuquerque = 222 miles ([Albuquerque, New Mexico to Las Cruces, New Mexico - Google Maps](#))
= 9 members x 6 meetings/year x 222 miles x 2 (round trip) * \$0.67/mile = \$16,064
 - Per diem ([FY26 Per Diem Rates](#)):
 - FY26 In-State (Albuquerque): (Overnight = \$180) + (Return (2-6 hours) = \$25) = \$205/trip
= 9 members x 6 meetings/year x \$205 = \$11,070
 - Note: likely overestimates per diem needs
 - o Total estimated FY27: \$16,064 (travel) + \$11,070 (per diem) = **\$27,134**

Committee Staffing:

- Committee Program Manager (AOPM15 – Pay Band 8: \$60,800-\$91,200/year)*
 - o Coordinate Committee members’ work (e.g., compiling relevant statutes, administrative code, scope of work, proposal(s), public and other comments) as well as drafting reports, under strict timelines, as well as working with IT to update postings, respond to media requests, attending meetings and support Secretary of Health (or designee) in duties. 1.0 FTE.
 - Pay Band 8 midpoint – (\$76,000/year x 1.36 x 1.0 FTE = \$103,360/year Personnel Services & Employee Benefits (PS&EB)) + (\$4,628/year * 1.0 FTE = \$4,628/year IT Costs) = **\$107,988**
 - Computer, phone, office furniture estimated at **\$2,500** for FY27.
 - *Note: alternative positions that may serve this role could be Senior Program Manager (AOPM20 – Pay Band 9) or Senior Program Coordinator (B90402 – Pay Band 7) or Legal Analyst (BOLA15 – Pay Band 6)
- Committee Office Support Clerk (R91990 – Pay Band 2 - \$34,320-\$51,480/year)
 - o Support general office functions, including receipt of mail, setting up meetings for Committee members, reproducing materials, compiling responses to IPRA. 1.0 FTE.
 - Pay Band 2 midpoint – (\$42,900/year x 1.36 x 1.0 FTE = \$58,344/year Personnel Services & Employee Benefits (PS&EB)) + (\$4,628/year x 1.0 FTE = \$4,628/year IT Costs) = **\$62,972/year**
 - o Computer, phone, office furniture estimated at **\$2,500** for FY27

Additional Supporting Staff:

- Payroll Coordinator (FIPC15 – Pay Band 7 - \$55,273-\$82,909/year)
 - o Support Committee staff (managing and accurate/timely processing of payroll for employees, taxes, etc.). 0.05 FTE.
 - Pay Band 7 midpoint – (\$69,091/year x 1.36 x 0.05 FTE = \$3,455/year Personnel Services & Employee Benefits (PS&EB)) + (\$4,628/year x 0.05 FTE = \$231/year IT Costs) = **\$4,930/year**

- Supervisor, Programmatic Physician (HPRO40 – Pay Band 16 - \$157,562-\$267,856)
 - o Support research and evaluation of specific proposed scope of practice, provide technical analysis of reports. 0.05 FTE.
 - Pay Band 16 midpoint – $(\$212,709/\text{year} \times 1.36 \times 0.05 \text{ FTE} = \$10,635/\text{year} \text{ Personnel Services \& Employee Benefits (PS\&EB)}) + (\$4,628/\text{year} \times 0.05 \text{ FTE} = \$231/\text{year} \text{ IT Costs}) = \mathbf{\$14,696/\text{year}}$
- Human Resources Generalist (RHRG20 – Pay Band 6 - \$50,248- \$75,372)
 - o Support recruiting, hiring, training, skills development, benefits, payroll, legal compliance, safety for Committee staff. 0.05 FTE.
 - Pay Band 6 midpoint – $(\$62,810/\text{year} \times 1.36 \times 0.05 \text{ FTE} = \$4,502/\text{year} \text{ Personnel Services \& Employee Benefits (PS\&EB)}) + (\$4,628/\text{year} \times 0.05 \text{ FTE} = \$231/\text{year} \text{ IT Costs}) = \mathbf{\$4,502/\text{year}}$
- IT Application Developer (IDAD23 – Pay Band 10 - \$73,568-\$110,352)
 - o Optimize web content for end user performance. Work may include reformatting text, assuring hyperlink integrity, transferring and translating files, and posting of new material to the page involving HTML scripting. May maintain website content and information flow. For maintaining Committee web page, timely posting of proposals and public meetings, supporting virtual meetings, potentially developing system for electronic receipt and management of proposals and public comment. 0.1 FTE.
 - Pay Band 10 midpoint – $(\$91,960/\text{year} \times 1.36 \times 0.1 \text{ FTE} = \$12,507/\text{year} \text{ Personnel Services \& Employee Benefits (PS\&EB)}) + (\$4,628/\text{year} \times 0.1 \text{ FTE} = \$463/\text{year} \text{ IT Costs}) = \mathbf{\$12,969/\text{year}}$
- Lead Attorney (LCLA25 – Pay Band 12 - \$93,552-\$121,617, midpoint: \$149,683)
 - o Represent the agency in any resulting civil litigation and other legal proceedings and advise the Committee on legal issues as needed. 0.05 FTE.
 - Pay Band 12 midpoint – $(\$149,683/\text{year} \times 1.36 \times 0.05 \text{ FTE} = \$10,178/\text{year} \text{ Personnel Services \& Employee Benefits (PS\&EB)}) + (\$4,628/\text{year} \times 0.05 \text{ FTE} = \$231/\text{year} \text{ IT Costs}) = \mathbf{\$10,410/\text{year}}$

Total estimated costs FY27 = \$27,134 (Committee Travel/Per Diem) + \$170,960 (Staff salary/benefits/IT) + \$5,000 (staff computer/furniture) + \$47,507 (additional support) = **\$240,601**

Total estimated costs FY28 = (($\$27,134$ for Committee Travel/Per Diem)) + ($\$170,960$ for Staff salary/benefits/IT)) + ($\$47,507$ for additional support))*(1.03(inflation)) = **\$252,968**

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to:

- HB10 – Physician Assistant Interstate Compact
- HB11 – Audiology & Speech-Language Pathology Compact
- HB12 – Physical Therapy Licensure Compact
- HB14 – Dentist & Dental Hygienist Compact
- HB32 – Counseling Licensure Compact
- HB33 – Psychology Interjurisdictional Compact
- HB36 – Board of Optometry Powers and Duties
- HB44 – Dental & Dental Hygienist Compact
- HB45 – Physician Assistant Licensure Compact

- HB50 - Social Work Licensure Interstate Compact
- HB79 – Audiology & Speech-Language Pathology Compact
- HB81 – Physical Therapy Licensure Compact
- HB94 – Board of Optometry Powers and Duties
- HB150 – Supervision of Physician Assistants
- HB178 – Nursing Practice Changes
- HB213 – Expand Optometry Act
- HB217 – Counseling Compact
- HB242 – Psychology Interjurisdictional Act
- HB243 - Interstate Medical Licensure Compact
- HB258 – Dental Hygienists in Dental Health Act
- HB266 - Supervision of Physician Assistants
- HB267 – Physician Assistants Supervising Others
- HB413 – Physician Assistant Licensure Compact
- HB441 – Dentist & Dental Hygienist Compact
- SB1 – Interstate Medical Licensure Compact Act
- SB46 – Interstate Medical Licensure Compact
- SB78 – Certified Nurse Anesthetist Role
- SB104 – Audiology & Speech Language Compact
- SB105 – Social Work Licensure Compact
- SB106 – Psychology Interjurisdictional Compact
- SB433 – Dentist & Dental Hygienist Compact

Duplicates/Relates to an Appropriation in the General Appropriation Act: None

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

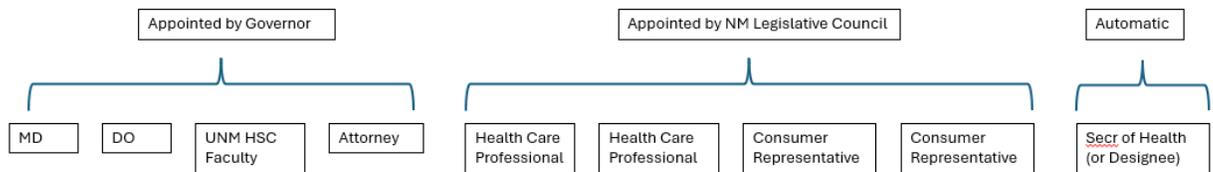
House Bill 277 (HB277) proposes a new statute that creates a Scope of Practice Advisory Committee (Committee) to receive and evaluate changes to the scope of practice of health care professions.

In HB277 definitions, the bill identifies those professions would be affected by referencing Articles within Chapter 61. This would include optometrists, nurses, lactation care providers, chiropractors, dental health care, physicians and surgeons, genetic counselors, polysomnographers, physician assistants, anesthesiologist assistants, nutritionists/dieticians, podiatrists, psychologists, counselors, pharmacists, occupational therapists, respiratory therapists, massage therapists, physical therapists, naprapaths, naprapathic doctors, acupuncture/oriental medicine, speech-language pathologists/audiologists/hearing aid dispensing, athletic trainers, medical imaging/radiation therapy, and social work ([New Mexico Statutes Chapter 61 \(2024\) - Professional and Occupational Licenses :: 2024 New Mexico Statutes :: U.S. Codes and Statutes :: U.S. Law :: Justia](#)). HB277 further defines a “scope of practice” as the parameters within which a health care professional practices based on education, experience, licensure, certification, and expertise.

HB277 states that the Committee would be administratively attached to the Department of Health. The Committee would be composed of nine members:

- 1) Four members appointed by the governor (with no more than two members from the same political party) with:
 - a) two members as licensed physicians (one MD and one DO) with supervisory or team-based experience;
 - b) one member as an active faculty member at the University of New Mexico health sciences center with expertise in evidence review/outcomes research/health economics; and,
 - c) one member an attorney with experience representing patients in claims involving health care quality/negligence.
- 2) Four members appointed by the New Mexico legislative council (with no more than two members from the same political party) with:
 - a) two members as licensed health care professionals with supervisory or team-based experience; and,
 - b) two members who will represent the interests of healthcare consumers and who have experience advocating on behalf of consumers or the public interest related to patient safety/health care quality (but may not be employed/under contract/represent a healthcare licensing board or professional association); and,
- 3) The Secretary of Health (or designee).

HB277 Scope of Practice Advisory Committee – Proposed Membership



HB277 states that Committee members will be appointed for staggered terms of four years beginning July 1, 2026 (all initial members will serve four years except members appointed by the Governor will serve two years initially). The Committee may hire staff, and shall meet, as necessary to carry out Committee duties – members are entitled to per diem and mileage but shall receive no other compensation.

As duties for the Committee, HB277 proposes that either a licensing board or a legislator may submit to the Committee a written request to review a proposed change to a scope of practice that includes a description of the change, the evidence-based support for the change, and the anticipated impacts on patient safety, health care access, and health care costs. The Committee will then have 10 days to review the request to ensure that it meets the requirements. If satisfactory, the Committee shall post a copy to the Committee’s website and hold a public hearing pursuant to the Open Meetings Act within 60 days of the request to evaluate the request.

The evaluation of a proposed change to the scope of practice would consider patient safety and quality of health care, including potential harm or benefit to consumers, the education/training/competency of the healthcare workforce, the required supervision and accountability (including whether physician-led or physician-supervised care is necessary), access to healthcare including impact on rural and underserved areas, the cost, the health care workforce development needs (including training/recruitment/retention), regulatory consistency, and standards and recommendations of national healthcare accrediting bodies and professional associations.

The Committee shall invite pertinent licensing boards, professional associations, and patient advocates to a public hearing, and shall accept written input from the public.

The Committee shall then take a final vote on the proposed scope, which may include endorsing, modifying, or rejecting the proposed scope of practice change.

Within 30 days of the vote, the Committee shall develop a report detailing the decision, which shall be posted on the Committee's website and provided to the legislature, Governor, and pertinent licensing boards.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

HB277 would establish an advisory committee to make recommendations to NM licensing bodies regarding changes to the scopes of practice for health care professionals. Scope of practice laws dictate the clinical tasks and responsibilities that licensed health care providers are authorized to perform for patients. ([Scope of Practice: Reform Opportunities for Improved Patient Access - AAF](#)) These laws are defined by state professional regulatory boards - typically with the guidance or instruction of the state's legislature ([Scope of Practice Policy](#)) to ensure that health care providers deliver care within the bounds of their training, education, and practical experience. ([Scope of Practice: Reform Opportunities for Improved Patient Access - AAF](#)). While the intent of these laws is to safeguard patients' safety, scopes are subjective and may fall behind evolving clinical competencies and workforce needs. ([Scope of Practice: Reform Opportunities for Improved Patient Access - AAF](#)). Scope of practice can also affect healthcare shortages and access to care. ([The impact of scope-of-practice restrictions on access to medical care - ScienceDirect](#))

While HB277 proposes addressing the Scope of Practice of health care practitioners in general, one meaningful goal is to address scopes of practice for non-physician practitioners (NPPs – i.e., non-MD/DO medical personnel with graduate medical education).

Nonphysician health care practitioners are increasingly providing services in rural and underserved areas to make up for provider shortages. ([Scope of Practice Policy](#)) The American Action Forum proposes that expanded scope of practice to “full practice authority” (i.e., NPPs working to the level of their knowledge and training) can “significantly improve access to medical services and offer potential cost-savings, all while maintaining high quality of care.” ([Scope of Practice: Reform Opportunities for Improved Patient Access - AAF](#)) For example, a systematic review of 10 randomized controlled trials evaluated the safety and effectiveness of Nurse Practitioners in primary care for ongoing patient care or consultations for acute conditions. In all studies, the Nurse Practitioner group generally “demonstrated equal or better outcomes than physician groups.” ([JAANP-D-20-00045 771..775](#)) The intent of HB277 may be to address boards that are acting as gatekeepers, and slowing or blocking reforms despite evidence of safe and effective care provided by advanced practice providers. ([Scope of Practice: Reform Opportunities for Improved Patient Access - AAF](#))

Processes already exist for modifying statutes and regulations related to professional practice. The role of the Committee proposed by HB277 in developing a central committee and process under NMDOH to receive, evaluate, and recommend changes in the scope of practice to professional boards is not clear.

Furthermore, the bill would authorize only licensing bodies and legislators to request that the Advisory Committee consider a proposed change to a given health care profession's scope of practice. It is unclear why a licensing body would make such a request, given that the Advisory Committee's final report would presumably be directed to the profession's licensing body. A licensing body could request a modification to the scope of practice for another health care profession or occupation that is regulated by another licensing body; but in that case, the Advisory Board would become a sounding board for the public airing of grievances between the licensing bodies of different health care professions and occupations.

Similarly, the fact that the bill would authorize a legislator to instigate the review of a proposed modification to the scope of practice for a given health care profession or occupation could threaten to exert political influence on the decisions of licensing bodies in determining the professional scopes of practice for their licensees. It is unclear why this would be necessary, given that legislators, and members of the public generally, can submit comments to licensing bodies regarding the designated scopes of practice for their licensees. Presumably, those licensing bodies would be significantly better able to understand the consequences of a proposed modification to the scope of practice for a given health care profession or occupation, than would be the Advisory Committee.

Section 4(C) of the bill states that the Advisory Committee would, upon receiving a complete request to review a proposed change to a scope of practice, be required to "hold a public hearing pursuant to the provisions of the Open Meetings Act". However, the Open Meetings Act does not apply by its terms to meetings of an advisory board. Pursuant to the OMA at Section 10-15-1, NMSA 1978, the OMA applies to "meetings of a quorum of members of any board, commission, administrative adjudicatory body or other policymaking body of any state agency or any agency or authority of any county, municipality, district or political subdivision, held for the purpose of formulating public policy". Because advisory bodies do not *formulate public policy*, but instead render recommendations regarding public policy, they are not bound by the OMA, and the Advisory Committee would not be governed by the OMA.

HB277 appears to be a new bill and not previously introduced, and while a comparable state-level Scope of Practice Advisory Committee as proposed by HB277 is not evident for any other state, many states are exploring expanding the scope of practice for NPPs to improve health care access and efficiency: per the American Action Forum, in 2024 the United States collectively enacted more than 120 bills pertaining to provider scope of practice to broaden NPP roles in the workforce, especially in primary care and behavioral health settings. ([Scope of Practice: Reform Opportunities for Improved Patient Access - AAF](#))

The bill includes a non-recurring \$200,000 appropriation to the Department of Health for expenditure in 2027 to carry out the purposes of the Act. However, the bill does not reserve any recurring monies to the Department to continue carrying out the purposes of the Act in subsequent years.

It should be noted that HB277 may have impacts on a range of state agencies, including a direct impact on RLD and the professional boards. It may also affect agencies that employ health care practitioners.

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?
 Yes No
- Is this proposal related to the NMDOH Strategic Plan? Yes No

3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?
 Yes No N/A
- If there is an appropriation, is it included in the LFC Budget Request?
 Yes No N/A
- Does this bill have a fiscal impact on NMDOH? Yes No

HB277 would have a direct cost to NMDOH in providing administrative oversight and support for the Committee. The main direct cost for Committee members would be limited as they receive only travel and per diem for their work. Travel and per diem would be relatively limited depending on where the Committee meets, how often, the originating location of the members, and how much work could be performed through virtual meetings. Although approximately \$27,134 is estimated for Committee travel and per diem for FY27, this likely significantly overestimates need if meetings are held centrally (e.g., Albuquerque) and most committee members are close enough to not require significant mileage or per diem.

The main cost for operations would relate to the proposed additional staff hired to support Committee work. The number of staff needed may depend in part on how many proposals for scope of practice changes are received. However, given the potential need for significant programmatic needs, including legally defined timelines for responding to proposals, posting materials, and managing communications, and the lack of Committee member reimbursement for their time and effort – and therefore, likely limited ability to perform significant operational activities (as well as likely lack of familiarity with NMDOH operations) - dedicated staffing will be needed. One FTE as a Program Manager and one FTE as a Support Clerk are proposed. This would amount to approximately \$175,960 for salary and benefits, IT, and computers/furniture for FY27.

Additional limited financial costs for the Committee would include some financial and human resources staff support would be needed for staff and operations. In addition, some physician (or other health care provider) time for technical assistance in evaluating or supporting research on proposals. In addition, attorney time may be necessary for navigating potential legal questions. Finally, some IT time would be necessary to develop and maintain the required Committee website. This would total approximately \$47,507 for FY27.

The total operating costs estimated for FY27 would therefore be \$240,601, which moderately exceeds the proposed appropriation of \$200,000.

Note that HB277 only provides for an FY27 appropriation, with any unexpended balance at the end of fiscal year 2027 reverting to the General Fund. It is unclear if after FY27 the Committee will be dissolved (with or without completing the legislators intended goals), or if revisions including additional appropriations will occur, or if the expectation will be that the Committee's work will continue as an unfunded mandate requiring support with other NMDOH funds. Subtracting the cost of computers/furniture, and adding 3% for inflation, the FY28 cost is estimated at \$252,968 which may need to be entirely supported by NMDOH.

As the nature of any proposed changes in Scope of Practice for current NMDOH health care professionals are unknown, as well as the potential impact on salaries to remain competitive with other entities or the ability to replace more expensive health care providers, the broader impact of HB277 on NMDOH finances is difficult to predict.

Should expanded scopes of practice improve access to health care and the cost effectiveness of health care in general, the impact on health care-related benefits may decrease (some health care provider salaries may go up, but overall health care costs could go down as more expensive providers are replaced and/or costs for managing health problems decrease).

There is no source of additional revenue available that would support the Committee, nor an anticipated adverse impact on current revenue.

4. ADMINISTRATIVE IMPLICATIONS

Will this bill have an administrative impact on NMDOH? Yes No

Administrative impacts on NMDOH will include:

- The need for administrative support for NMDOH staff (potentially through the Office of the Secretary although the Committee could be placed under a Division, such as Public Health, and even within a specific Center, such as Center for Access and Linkage to Healthcare).
 - o Note that if permanent staff are needed, and positions are not provided by the Legislature, then positions may be needed from other programs/operations, affecting those operations.
- Financial support (e.g., to process payroll, travel, training, contracts if any, etc.).
- HR support for staff (e.g., hiring).
- IT support for committee members and staff, including website maintenance.
- Participation in the Committee by the Secretary or designee, potentially affecting other programs/operations.

Note that HB277 requires that requests be reviewed by the Committee within 10 days of receipt - depending on the frequency of requests received, this may require organizing and attending a substantial number of meetings or other means of review/approval. In addition, the requirement that the Committee hold a public hearing on a satisfactory request within sixty days of receipt may require at least six public meetings per year. The necessary time and resources needed to prepare for and hold such meetings is currently unknown.

In addition, HB277 Section 4.F states that Committee shall develop a report on the decision within 30 days of the Committee's vote. Depending on the meeting(s) required for Section 4.B-E, this may be challenging to complete without dedicated full-time staff.

Reports will likely require careful compilation of public and other input, summary of issues, and careful proofing, including by the Secretary of Health and potentially others (e.g., Governor, legislators, Boards) prior to release, as well as the time necessary to post.

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

Duplicates: None

Conflicts with: None

Companion to: None

Relationship:

- As shown above, HB277 relates to a significant number of House and Senate bills that attempt to improve access to care (mostly through developing interstate compacts).
- HB277 also indirectly relates to a variety of bills shown above (e.g., HB36 and HB94 Board of Optometry Power and Duties; HB150 and HB 266 Supervision of Physician Assistants; HB178 Nursing Practice Changes; HB213 Expand Optometry Act; SB78 Certified Nurse Anesthetist Role) that seek to address changes to health care practitioner practice and scope under existing processes.

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

- 1) HB277 Section 4.C states that the Committee will be required to hold “a” public hearing to evaluate a request. Section 4.D states that the Committee will invite the pertinent Boards, professional associations, and advocates, for input, and will accept written public input, at “a” public hearing. Finally, the vote on the proposed scope of practice change seems to be required at “a” public hearing. It is unclear if these three elements are expected to occur in a single meeting or may be spread across multiple meetings.

Although HB277 does provide some time limits for certain steps, if these meetings can be separate, the actual timeline to address the request may not match legislator expectations. For example, if during an initial public meeting the proposal is presented and initially evaluated, and then at a later (not necessarily next) public meeting the boards and advocates provide input, and at a later (not necessarily next) public meeting a decision is provided, triggering the 30 days to complete the report, then it may be at least five months from time of receipt to the release of the final report. The timeline may need to be clearer to ensure complying with the intent of the legislator.

- 2) Note: although not a technical issue with HB277, it may be worth proposing that Certified Nurse Midwives (CNMs) and Licensed Midwives (LMs) be added as a health care professional. As licensure and regulation of CNMs and LMs is through the Maternal Health Program in NMDOH, and they do not appear in the Uniform Licensing Act (see [16.11.2 NMAC](#) for scope of practice), these health care professionals may have been overlooked. Given the shortage of obstetric services in the state, a similar inclusion for consideration of scope of practice changes may be worthwhile.

7. LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)

- Will administrative rules need to be updated, or new rules written? Yes No

Unless additional details are provided in statute, administrative rules may be needed to specify elements of the Committee's operations, such as public records, required format of meetings (e.g., virtual, telephonic, in-person), quorum, voting on business (especially proposed scope changes e.g., simple majority, supermajority, consensus), appeal process of Committee decisions, etc. Rules may also need to consider how to streamline managing proposals, including the ability to combine proposals from multiple sources and how to address multiple and repeated proposals (e.g., can the Commission refuse to review a proposal that is not substantively different from one that has previously been considered)?

- Have there been changes in federal/state/local laws and regulations that make this legislation necessary (or unnecessary)? Yes No
- Does this bill conflict with federal grant requirements or associated regulations?
 Yes No
- Are there any legal problems or conflicts with existing laws, regulations, policies, or programs? Yes No

New Mexico's Uniform Licensing Act (§§61-1-1 et seq) addresses professional and occupational licenses and directs the activities of the New Mexico Regulation and Licensing Department ([NM RLD](#)). This includes Boards and Commissions that establish specialized standards on education and training.

Each board and commission has its own rules and requirements, and the members of the boards and commissions are appointed by the Governor ([Boards and Commissions | NMRLD](#)).

Statutes governing boards describe the Scope of Practice within their definitions (e.g., by listing the "Practice"). Some professionals have additional detail on their scope of practice outlined in Administrative Code ([Title 16 – Occupational & Professional Licensing NM Admin Code](#)).

As they are codified in statute and regulations, processes for modifying a professional practice, including the scope of practice, already exist either through legislative change or through promulgation of rules under the appropriate act. As a result, the Governor, legislators, Boards, health care professionals, and others have the ability to promote changes of scope for professions. It is unclear how the Committee's recommendation would change, clarify, or expedite this process other than perhaps creating a forum for other legislators or the Boards to more quickly consider a proposed change, create an additional public forum for discussion, or justify a decision not to make a regulatory change.

8. DISPARITIES ISSUES

None

9. HEALTH IMPACT(S)

None

10. ALTERNATIVES

Direction to professional boards to review and streamline processes for consideration of expansion of scope of practice may help to focus on specific professions, as well as engage experts within each board who may be better able to judge what the profession can manage. This would use existing processes and staff to address the concern, without the complexity of a separate advisory committee with uncertain authority to make change.

11. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

If HB277 is not enacted, then a Scope of Practice Advisory Committee administratively attached to NMDOH that would receive and evaluate licensing board or legislator proposals to change the scope of practice of health care professionals would not be created.

12. AMENDMENTS

None