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# FISCAL IMPACT REPORT

**BILL NUMBER:** CS/House Bill 213/HHHCS/aHJC

**SHORT TITLE:** Expand Optometry Act

**SPONSOR:** House Health and Human Services Committee

**LAST ORIGINAL**  
**UPDATE:** 2/12/2026 **DATE:** 2/9/2026 **ANALYST:** Montano

## ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT\*

(dollars in thousands)

| Agency/Program | FY26             | FY27   | FY28             | 3 Year Total Cost | Recurring or Nonrecurring | Fund Affected     |
|----------------|------------------|--------|------------------|-------------------|---------------------------|-------------------|
| RLD/BCD        | No fiscal impact | \$40.0 | No fiscal impact | \$40.0            | Nonrecurring              | Other state funds |

Parentheses ( ) indicate expenditure decreases.

\*Amounts reflect most recent analysis of this legislation.

Relates to House Bill 94

## Sources of Information

LFC Files

### Agency or Agencies Providing Analysis

Regulation and Licensing Department

New Mexico Medical Board

## SUMMARY

### Synopsis of HJC Amendments to HHC Substitute for House Bill 213

The House Judiciary Committee (HJC) amendments to the House, Health and Human Services Committee (HHHC) substitute for House Bill 213 requires that the Board of Optometry has at least one professional board member that is credentialed to perform laser based surgeries by no later than December 31, 2028. The amendment also alters Section 61-2-5 NMSA 1978 to be more gender neutral.

### Synopsis of HHHC Substitute for House Bill 213

The House Health and Human Services Committee substitute for House Bill 213 (HB213/HHHC) amends the Optometry Act, Sections 61-2-1 to 18 NMSA 1978, to expand the scope of practice for optometrists to include two laser-based surgeries. HB213/HHHC provides licensed optometrists with the power to legally conduct surgeries involving laser application to the lens capsule in the treatment of capsular clouding or other defects, and laser application to structures within the ocular anterior segment for the prevention or treatment of glaucoma. HB213/HHHC requires the board to administer credentialing requirements for optometrists who perform surgeries requiring a laser. HB213/HHHC also alters the Optometry Act to be more gender neutral.

HB213/HHHC allows optometrists to perform certain laser eye procedures only if they receive specific credentials from the Optometry Board. To qualify, an optometrist must either graduate from an accredited optometry program in 2026 or later and pass an approved national exam or complete a board-approved training course. They must also demonstrate hands-on proficiency by successfully performing four to five laser procedures on live patients under direct supervision. Additionally, optometrists are required to report any adverse outcomes to the board within 10 days.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns, which is May 20, 2026.

## FISCAL IMPLICATIONS

The Regulation and Licensing Department (RLD) anticipates HB213/HHHC would necessitate additions and updates to the NM Plus online licensing system. These updates to the licensing system are estimated to require a \$40 thousand transfer from the Optometry Board fund to RLD's operating budget for contractual fees. The overall effect HB213 has on RLD is an estimated \$40 thousand expense from other state funds.

## SIGNIFICANT ISSUES

Expanding the legal scope of an optometrist could ultimately assist with the shortage of healthcare providers by increasing the number of licensed professionals that can perform eye-related surgeries. There is currently a sparse number of licensed ophthalmic surgeons, which in turn lowers access to eye care in rural communities. HB213 can allow licensed optometrists in rural areas of New Mexico to substitute the need for ophthalmologists.

RLD highlights the Optometry Board supports this expansion of the scope of practice and provides:

According to the American Optometric Association (AOA): As of 2025, 14 states allow optometrists to perform office-based laser procedures: Oklahoma, Kentucky, Louisiana, Alaska, Indiana, Arkansas, Mississippi, Wyoming, Wisconsin, Virginia, Colorado, South Dakota, Montana, and West Virginia.

The Medical Board (NMMB) opposes HB213/HHHC. From NMMB:

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 ..., 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 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 [substitute] bill.

In analysis of the original bill, NMMB notes:

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 32 meta-analyses evaluating over 180 studies concluded that higher surgical volume is directly correlated with better patient outcomes.
- Ophthalmologists complete eight to 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 HB213, 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 HB213 ... are medical surgical lasers classified in the highest laser hazard categories, Class 3B and Class 4, because they can cut or photo disrupt ocular tissue and pose permanent vision risks if misused. Additionally, HB213 moves surgery outside the Medical Practice Act. HB213 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.

## ADMINISTRATIVE IMPLICATIONS

RLD provides the following information regarding the administrative implications HB213/HHHC has on the agency:

Applicants and licensees who want to practice laser procedures and injections will need to provide proof to the board that they meet requirements for the board-approved credentialing. This will require an enhancement in the current NM Plus online licensing software system, which is utilized by the RLD for the licensing of all optometrists in New Mexico. RLD staff will need training to recognize what is acceptable documentation for this credential.

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

HB213/HHHC is substantially similar to House Bill 94 and 2025's House Bill 36.

## **TECHNICAL ISSUES**

RLD provides the following information for technical issues:

The New Mexico Academy of Ophthalmology has indicated that there may be a statutory conflict between this expansion into minor surgical procedures under the Optometry Act, and the provisions of the Medical Practice Act §§ 61-6-1 to 34 NMSA 1978, which defines the medical scope of practice. There is a question, they contend, as to whether the expansion of the scope of practice to be permitted under HB213 may constitute the unlawful practice of medicine.

## **OTHER SUBSTANTIVE ISSUES**

House Bill 36 (HB36) from the 2025 legislative session, is substantively similar to HB213, was adopted by the Legislature but vetoed by the governor. In the Governor's Message for the veto, the governor explained there was no persuasive evidence this bill would increase access to care, and the bill could result in poor care. The message mentioned the governor would have considered signing the bill if the legislation required additional supervision and training requirements for optometrists wanting to perform laser based surgeries. These additional provisions were included in a proposed Senate floor amendment to HB36, but the amendment did not pass.

HB213/HHHC addresses the governor's concerns with 2025's HB36; however, notably the credentials proposed in the failed Senate floor amendment were more rigorous than those proposed in the HHHC substitute for this year's HB213.

NM/hg/sgs/hg/sgs