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FISCAL IMPACT REPORT

SPONSOR: Jennings DATE TYPED: 02/04/01 HB _____
 SHORT TITLE: Amend Indigent Hospital & County Health Care SB 82
 ANALYST: Dunbar

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY01	FY02	FY01	FY02		
		See Narrative			

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

Department of Health
 Health Policy Commission
 Attorney General
 Board of Nursing

SUMMARY

Synopsis of Bill

Senate Bill 82 would amend the definitions in the Indigent Hospital and County Health Care Act [Section 27-5-44 NMSA 1978]. It would expand the definition of “health care provider” eligible for reimbursement under the Act to include physicians, dentists, optometrists, and expanded practice nurses when they are providing life saving or permanent disability prevention services.

The bill defines the commission as the New Mexico Health Policy Commission.

Significant Issues

Currently, hospital services can be reimbursed by County Indigent Funds but physician services provided by non-hospital-employed physicians in the hospital setting cannot be reimbursed. SB 82 would allow those physician services provided in emergency cases to be reimbursed. Routine physician care provided in the hospital setting would not be reimbursed.

This expanded definition would allow physicians, dentists, optometrists, and expanded practice nurses involved in life saving or disability prevention emergency care to be compensated through this program.

The addition of the definition of “commission” would clarify intent in other parts of the Act.

FISCAL IMPLICATIONS

SB contains no appropriation.

There is no direct fiscal impact on the Department of Health (DOH). However, SB 82 could have an indirect fiscal impact upon DOH. There are several public health activities currently funded with county indigent funds resources, including emergency medical services, primary care services and prenatal care. DOH writes that the broadening of eligible providers without any increase in indigent fund resources could lead to a net reduction of county resources available for public health purposes.

The addition of new provider categories to the Act could create increased demands for reimbursement from the existing funds.

TECHNICAL ISSUES

The term expanded practice nurse is not used in the Nursing Practice Act. The following definitions contained in Section 61-3-3 of the Nursing Practice Act were provided by the Board of Nursing as possible suggestions to be used in the language of the bill :

- A. Advanced practice means the practice of professional registered nursing by a registered nurse who has been prepared through additional formal education as provided in Sections 61-3-23.2 through 61-3-23.4 NMSA 1978 to function beyond the scope of practice of professional registered nursing, including certified nurse practitioners, certified registered nurse anesthetists and clinical nurse specialists;
- B. "certified nurse practitioner" means a registered nurse who is licensed by the board for advanced practice as a certified nurse practitioner and whose name and pertinent information are entered on the list of certified nurse practitioners maintained by the board;
- C. "certified registered nurse anesthetist" means a registered nurse who is licensed by the board for advanced practice as a certified registered nurse anesthetist and whose name and pertinent information are entered on the list of certified registered nurse anesthetists maintained by the board;
- D. "clinical nurse specialist" means a registered nurse who is licensed by the board for advanced practice as a clinical nurse specialist and whose name and pertinent information are entered on the list of clinical nurse specialists maintained by the board;
- E. "licensed practical nurse" means a nurse who practices licensed practical nursing and whose name and pertinent information are entered in the register of licensed practical nurses maintained by the board;
- H. "licensed practical nursing" means the practice of a directed scope of nursing requiring basic knowledge of the biological, physical, social and behavioral sciences and nursing procedures, which practice is at the direction of a registered nurse, physician or dentist licensed to practice in this state. This practice includes, but is not limited to:
 - (1) contributing to the assessment of the health status of individuals, families and communities;
 - (2) participating in the development and modification of the plan of care;

- (3) implementing appropriate aspects of the plan of care commensurate with education and verified competence;
 - (4) collaborating with other health care professionals in the management of health care; and
 - (5) participating in the evaluation of responses to interventions;
- K. "professional registered nursing" means the practice of the full scope of nursing requiring substantial knowledge of the biological, physical, social and behavioral sciences and of nursing theory, and may include advanced practice pursuant to the Nursing Practice Act. This practice includes, but is not limited to:
- (1) assessing the health status of individuals, families and communities;
 - (2) establishing a nursing diagnosis;
 - (3) establishing goals to meet identified health care needs;
 - (4) developing a plan of care;
 - (5) determining nursing intervention to implement the plan of care;
 - (6) implementing the plan of care commensurate with education and verified competence;
 - (7) evaluating responses to interventions;
 - (8) teaching based on the theory and practice of nursing;
 - (9) managing and supervising the practice of nursing;
 - (10) collaborating with other health care professionals in the management of health care; and
 - (11) conducting nursing research.
- L. "registered nurse" means a nurse who practices professional registered nursing and whose name and pertinent information are entered in the register of licensed registered nurses maintained by the board.

OTHER SUBSTANTIVE ISSUES

This language was included in a bill passed in the 1999 legislative session, but because of conflict provisions regarding bills amending the same section of statute, it was not enacted.

DOH contends that the language is unclear pertaining to the limitation to services "necessary for conditions that endanger the life of or threaten permanent disability to an indigent patient". However, DOH notes that discussions during the 1999 legislative session focused on the encouragement of response by critical care providers, such as trauma surgeons, to emergency calls knowing that they will be more likely to be compensated.

POSSIBLE QUESTIONS

If the bill is enacted should the Health Policy Commission be requested to gather specific information from the counties in their annual reports on their health care expenditures that would track the types of services being reimbursed?

BD/ar