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FISCAL IMPACT REPORT

SPONSOR: Picraux DATE TYPED: 03/15/03 HB 665/aHCPAC/aHBIC

SHORT TITLE: New Mexico Telehealth Act SB _____

ANALYST: Geisler

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY03	FY04	FY03	FY04		
		NFI	NFI		

(Parenthesis () Indicate Expenditure Decreases)

Relates to: HB 144, SB 133, SB 534

SOURCES OF INFORMATION

Board of Medical Examiners (BOME)
Health Policy Commission (HPC)

SUMMARY

Synopsis of HBIC Amendments

The House Business and Industry Committee amendments to HB 665 added dental hygienist and pharmacist to the list of health care providers in the act. The definition of “health care provider” was amended and now is not limited only to those 17 types of providers listed in the act.

Synopsis of HCPAC Amendments

The House Consumer and Public Affairs Committee made minor technical amendments to HB 665. Clinical nurse specialist and registered nurse are added to the list of healthcare providers in the act, and additional information was provided to clarify applicable federal and state guidelines.

Synopsis of Original Bill

HB 665 is intended to provide a framework for health care providers to follow in providing services through electronic means when distance separates the patient and the health care provider.

Significant Issues

HB 665 recognizes the validity of telehealth and encourages its use. It requires compliance with all applicable guidelines and does not alter the scope of practice of any provider. The Board of Medical Examiners currently encourages the use of “telemedicine” even across state lines. It allows supervision of physician assistants, public service licensees and pharmacist clinicians by electronic means. Physicians who want to practice telemedicine across state lines are afforded easy access to licensing and a very reasonable licensure fee (\$150 for a three year license). New Mexico is one of a very few states to make it easy to practice medicine across state lines. HB 665 does not have any impact on the practice of telehealth by MDs or physician assistants employed by MDs, other than encourage its use.

RELATIONSHIP

Related:

- HB144 Tobacco Settlement Appropriations provides \$150,000 for telehealth at the University of New Mexico,
- SB133 Tobacco Settlement Appropriations provides \$150,000 for telehealth at the University of New Mexico,
- SB534 Tobacco Settlement Appropriations provides \$150,000 for telehealth at the University of New Mexico.

TECHNICAL ISSUES

HB665 does not say when the Telehealth Act will be enacted.

OTHER SUBSTANTIVE ISSUES

Rural Health Care and Telemedicine

- New Mexico has vast areas that are sparsely populated, with about 62% of the State’s population living in only 6 counties. (Bernalillo, Chavez, San Juan, Sandoval Dona Ana and Santa Fe.)
- The HPC’s 2002 Physician Survey, which had over 2,000 responding physicians with active practices in New Mexico, found that:
 - ♦ Approximately 20% of practicing physicians practice in rural or frontier areas.
 - ♦ Solo practice is the most common practice setting in the state.
 - ♦ 29% of physicians located in rural/frontier areas have solo practices.
 - ♦ 43% of survey respondents are primary care practitioners.
- HPC’s 2003 Quick Facts reports that 13 counties in New Mexico are designated Health Professional Shortage Areas (HPSA) for primary medical care:
 - ♦ Torrance, Valencia, McKinley, Cibola, Catron, Sierra, Luna, Hidalgo, Eddy, DeBaca, Mora, Harding and Union.
 - ♦ These counties have a full time primary care physician to population ratio of

3,500:1 or a primary care physician to population ratio of between 3,500:1 to 3,000:1

- According to the New Mexico Office for the Advancement of Telehealth, current participants in the telemedicine network include State universities, rural hospitals, rural clinics, State public health districts, NFP community mental health centers and community health councils.
- The University of New Mexico and the Las Vegas Medical Center serve as regional hubs for nine counties in the telemedicine network. (<http://telehealth.hrsa.gov/grants/states/nmtxt.htm>)
- Services provided include teleradiology (over 4,000 consultations per year), and mental health. Consultations in dermatology, gastroenterology, pediatric pulmonary and diabetes endocrinology and fluoroscopy have also been provided.
- Telehealth participation with New Mexico Office for the Advancement of Telehealth requires Polycom Viewstation videoconferencing units, via TV Video phones and the use of T-1 lines.
- The University of New Mexico also participates in Telehealth Outreach for Unified Community (TOUCH) with the University of Hawaii, Maui Community College Health Center and Northern Navaho Medical Center for exchanging enhanced medical education instruction. The instruction is web based and has the goal of improving the quality of health care in remote multi-cultural area of both states.
- The University of New Mexico Center for Telehealth currently has an outreach program to recruit health care providers into their interactive video conferencing network. The benefits include: reduced travel time and travel costs, supportive collaboration, enhanced visual communication and the establishment and continuation of professional relationships.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

The Telehealth Act will not be enacted and access to care for New Mexicans in rural and underserved areas may not improve. Providers of health care will not have access to medical consults and the insights of their colleagues.

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