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FISCAL IMPACT REPORT

SPONSOR: Jennings DATE TYPED: 2/3/03 HB _____

SHORT TITLE: Health Professions Review Act SB 121

ANALYST: Wilson

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY03	FY04	FY03	FY04		
	\$25.0		See Narrative	Recurring	General Fund

Relates to Appropriation in the General Appropriation Act

SOURCES OF INFORMATION

Responses Received From

Health Policy Commission (HPC)
 Regulation and Licensing (RLD)
 Department of Health (DOH)

SUMMARY

Synopsis of Bill

SB 121 appropriates \$25,000 from the general fund to the Health Policy Commission (HPC) to create a process for the objective review of proposed changes in the scope of practice of licensed health-related professionals. SB 121 creates the Health Professionals Review Act, and establishes the responsibilities of the respective health professional licensing boards and the New Mexico Health Policy Commission (HPC).

Any person proposing a scope of practice change is to notify the appropriate licensing board. The health professional board will collect relevant data and information, provide technical assistance and analyze, assess and make recommendations on the proposal to the HPC.

SB 121 sets out the procedures for the HPC to follow in reviewing proposed changes in scopes of practice.

Significant Issues

SB 121 will create a structured procedure for evaluating the many proposed changes in the scope of practice laws covering health professions in New Mexico. Rapid changes in professional education and training, technologies and methodologies, and the health care delivery system continuously create a need for scope of practice changes. New Mexico's legislators may have limited time or access to impartial expertise to research complex and controversial scope of practice changes during a legislative session. Yet, such a knowledge base is needed to make appropriate decisions in the critical area of health care. The proposed process combines the resources of available technical expertise in the licensing boards with the impartiality of independent review panels.

The HPC notes a possible draw back in utilizing separate ad hoc advisory committees for each proposed change in a scope of practice is there could be a lack of coordination between the various panels, which could result in duplication or conflicts in the various panels' recommendations.

RLD is concerned the review process might delay enactment of legislation proposing a scope of practice change by six months or more. If the change to the scope of practice impacts the overall health of the people of New Mexico, this may have a significant impact.

FISCAL IMPLICATIONS

The appropriation of \$25.0 contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining shall revert to the general fund.

The Commissioners of the HPC, at their January 24, 2003 meeting, agreed that they support the concept of establishing a process for the objective review of scope of practice changes. The Commissioners also support the expanded role for the HPC mandated by SB121. However, they are quite concerned that the appropriation included in this bill will not cover the actual cost of carrying out the duties assigned, which will further strain the already-reduced budget and staff resources of the agency.

ADMINISTRATIVE IMPLICATIONS

The HPC notes the budget of the HPC has been reduced for the past three successive years, and declining staff and financial resources may limit the agency's ability to carry out the duties assigned it by SB121. The administrative impact to the HPC is also dependent on the complexity and number of change of scope of practice proposals presented during the year.

RLD notes the licensing boards will not receive any revenue from SB 121. The collection of data and technical assessment may require existing staff to work overtime.

TECHNICAL ISSUES

SB 121 defines "health professions" as those occupations that are "licensed and regulated pursuant to Chapter 61 NMSA." Because of this limited manner of defining health professions, not all

health professions are included within the scope of this bill, because not all health professions fall under the provisions of Chapter 61 NMSA 1978. For example, licensed midwives are regulated pursuant to the authority found in § 254-1-3(R) NMSA 1978.

DOH believes that clarification is needed to define and limit the scope of the term “all professional associations and groups of health professionals.” See, p. 3 lines 12 –13. For example, references to the term “all professional associations” in Section 5 could be interpreted so broadly as to include national associations, statewide associations and local associations (i.e., American Medical Association; New Mexico Medical Society; and, Bernalillo County Medical Society). A confusing over-inclusion in the required notification could easily result from the use of this unlimited phrase. For example, if a Nursing Board scope of practice change were to be proposed, would the notification to “professional associations” require notifying the national and state acupuncture associations, dental associations, physical therapy associations, the podiatrist associations, the emergency medical technicians associations, midwifery associations, etc.

OTHER SUBSTANTIVE ISSUES

SB 121 is an outgrowth of a previous workgroup convened by the New Mexico Health Policy Commission, addressing scope of practice for health professionals. SB 121 incorporates many of the recommendations of that workgroup. SB 121 will create a rational procedure for evaluating the many proposed changes in the scope of practice laws covering health professions in New Mexico. A main objective of the Act would be to assure that scope of practice changes contribute to the overall health status of New Mexicans.

Currently in New Mexico scope of practice policy is established by statute in the relevant health profession-licensing act that is specific to each health profession. However, there are 19 health professional licensing acts and boards, and within each, multiple health professionals may be separately addressed. Also, there is concern that the licensing boards may not adequately represent mid-level practitioners. New Mexico is very dependent upon mid-level practitioners, especially in the rural and underserved areas of the State.

The scope of practice of a health profession may have a significant impact on the quality, cost and geographic availability of health services. Rapid changes in such areas as professional education and training, treatment technologies and methodologies, reimbursement, cost containment and the health care delivery structure can also impact the demand for and complexity of scope of practice changes.

DW/prr/njw