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FISCAL IMPACT REPORT

ORIGINAL DATE 2/07/17
 LAST UPDATED 3/08/17

SPONSOR HJC HB CS/CS/215/HJCS

SHORT TITLE Physician and Assistant Collaboration SB _____

ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY17	FY18	FY19	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	NFI	NFI	NFI	NFI		

(Parenthesis () Indicate Expenditure Decreases)

The previous Committee Substitute duplicated Senate Bill 355.

SOURCES OF INFORMATION

LFC Files

Responses Received From

New Mexico Medical Board (MB)
 Regulation and Licensing Department (RLD)

Response Not Received From

Department of Health (DOH)

SUMMARY

Synopsis of HJC Substitute

House Bill 215 amends Section 61-6-6 NMSA 1978 to offer alternatives in the relationship between a physician assistant and a physician from the current model – supervisee to supervisor (the current model) – or a collaborative model, the parameters of which relationships are to be determined by the Medical Board.

HB215, in Section 1, defines collaboration as a process wherein both collaborators contribute to the treatment of patients, each doing what he/she is licensed to do. The collaboration would be continuous, but would not require the presence of both physician and physician assistant in the same location.

In Section 2C, language in Section 61-6-7 NMSA 1978 would be amended to remove the requirement that a physician register a supervising physician and this is echoed by the

elimination of part of subsection G and all of subsection H of the statute. However House Bill 215, as substituted, would require that a physician assistant not practice medicine until a supervisory or collaborative relation was established and registered with the Medical Board.

In Section 2D, physician assistants would be permitted to prescribe dangerous drugs, other than Schedule I drugs.

In Section 4A of the bill, physician assistants are required to inform MB of the name of the licensed physician under whose supervision the physician would practice, and the Board would be required to approve that physician.

Section 4B specifies that all physician assistants in specialty care would be supervised, but a physician assistant in primary care (not defined in the bill) could be either in a supervisor-supervisee or collaborative relation with a physician. Both types of relationship would be regulated by the board.

In Section 6 of the bill, new material is added regarding medical malpractice insurance, allowing a collaborative relationship with a licensed physician after three years of supervision by a licensed physician and requiring physician assistants practicing in the collaborative mode to carry malpractice liability insurance, that would, at a minimum, qualify the physician assistant under provisions of the Medical Practice Act. However, physicians acting as supervisors of physician assistants would remain liable for any acts of omission or commission of the supervised physician assistant, according to Section 4B.

In Section 7 of the bill, Section 61-6-19 NMSA 1978 would remove language regarding supervising physician and eliminate the fee associated with changing supervising physician or specifying a collaborating physician.

FISCAL IMPLICATIONS

None.

SIGNIFICANT ISSUES

With respect to the original House Bill 215, the Medical Board expressed concern that the term “collaboration” was not defined and that collaborating physicians would be legally liable if errors occurred. Further, the MB noted that physician assistants differ in their skill levels, such that their ability to practice relatively independently would increase as time went on, in the same way that physicians gain skills through a closely supervised residency program. MB suggested the possibility that a two-tiered approach, wherein newly graduated physician assistants would be “supervised” for three years and then would qualify for a collaborative approach. MB suggests that once they reached the collaborative stage, liability for their actions would become their own responsibility. MB noted further that a two-tiered approach might work best in New Mexico, where physician assistants often practice in rural or frontier locations far from other medical care. The committee substitute for House Bill 215 would allow the Medical Board to establish the parameters of a two-tiered system. In many parts of the HJC committee substitute, therefore, the terms “collaboration” and “supervision” or “collaborating” and “supervising” are placed in parallel to allow for either model, at least as regards primary care, though a supervisory relationship is required in specialty care.

The American Academy of Physician Assistants states that “It is the obligation of each team of physician(s) and PA(s) to ensure that the PA’s scope of practice is identified and appropriate to the PA’s skill, education and training, and that the relationship with, and access to, the collaborating physician(s) is defined.”

Michigan is among states that have recently moved away from a “supervisory” model to what is called in enacted 2016 legislation “joint participation: “participating physicians instead of supervising physicians better reflect the PA’s and physician's role within the team,” according to the AAPA. The Michigan legislation also removed physician liability for physician assistant care and granted physician assistants independent prescribing authority. The Michigan bill was supported by the Michigan State Medical Society and Michigan Osteopathic Association.

The American Academy of Physician Assistants considers “adaptable collaboration requirements” to be one of six key elements that “should be part of every state PA practice act.”

TECHNICAL ISSUES

The definition of “supervision” is not included, while “collaboration is defined.

The [United States Controlled Substances Act](#) includes tetrahydrocannabinol (THC, the main hallucinogenic component of marijuana) as a Schedule 1 drug; the bill states that New Mexico physician assistants would not be able to prescribe Schedule 1 drugs, and thus would not be able to prescribe medical marijuana.

DUPLICATION. The first committee substitute for House Bill 215 is a duplicate of Senate Bill 355; several changes have been made in House Bill 215 which have not yet been echoed in Senate Bill 355.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Physicians would continue to supervise physician assistants and there would be no choice of a collaborative relationship offered. Physicians would bear liability for errors in the care given by the physician assistants.

LAC/al/sb