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## FISCAL IMPACT REPORT

**ORIGINAL DATE** 1/17/19  
**LAST UPDATED** 1/19/19     **HB** \_\_\_\_\_

**SPONSOR**    Papen

**SHORT TITLE**    Psychologist Prescription Certificates     **SB** 9/ec

**ANALYST**    Chenier

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY19	FY20	FY21	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>		At least \$10.0	Unknown	At least \$10.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

Similar to Senate Bill 90 from 2017 session.

### SOURCES OF INFORMATION

LFC Files

Medical Board  
 Regulation and Licensing Department (RLD)  
 Board of Nursing (BON)

### SUMMARY

#### Synopsis of Bill

Senate Bill 9 would amend portions of the Professional Psychologist Act by “defining independently licensed prescribing clinician” and “supervising clinician”. New sections of the Nursing Practice Act and the Osteopathic Medicine Act would allow independently licensed prescribing clinicians to supervise prescribing psychologists. The bill allows for denial, revocation, or suspension of licenses if a licensed psychologist fails to adequately supervise a psychologist holding a conditional prescription certificate.

The bill would require prescribing psychologists to provide written notice to health care practitioners within 24 hours of a prescription to a practitioner’s patient. The bill would also require the board to promulgate rules to carry out the provisions of the act, repeal Section 61-9-2 NMSA 1978, Legislative findings and purpose, and would add an emergency clause.

## FISCAL IMPLICATIONS

For the 2017 version of this bill the Human Services Department stated that the bill may increase claims for psychotropic medication.

BON said it may cost \$10 thousand in FY20 to promulgate rules since the board does not have in-house expertise.

## SIGNIFICANT ISSUES

For Senate Bill 90 from the 2017 Legislative session the Human Services Department provided the following:

In 2015 there were 289 prescribing psychiatrists in New Mexico. Of these, 69 (21.5 percent) specialize in child and adolescent psychiatry. Additional prescribing professionals in New Mexico include 114 psychiatric advanced practice nurses (nurse practitioners and clinical nurse specialists) and approximately 25 prescribing psychologists. According to 2015 licensure survey data, eight New Mexican counties lack access to prescribers who specialize in behavioral health (Catron, De Baca, Guadalupe, Harding, Hidalgo, Mora, Sierra and Union).

The behavioral health workforce, nationally and in New Mexico, is challenged by the limited number of clinical professionals, particularly in the behavioral health community. While expanding opportunities for prescribing authority in the behavioral health workforce is needed, other prescribing clinicians (e.g., advanced practice nurses) may come to the field with a stronger background in medical and behavioral health than a psychologist. For example, the overall requirement for educational hours in pharmacology and pathophysiology is much lower for prescribing psychologists than for their counterparts from medicine and nursing.

For Senate Bill 90 from the 2017 Legislative session the Department of Health provided the following:

Mental health is an integral aspect of well-being and is essential for maintaining healthy family and interpersonal relationships. Globally and in the U.S., mental health has the highest burden of all diseases (<https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health>). Mental health disorders have a serious impact on physical health and are associated with the prevalence, progression, and outcome of some of today's most pressing chronic diseases, including diabetes, heart disease, and cancer.

Currently there is a Mental Health Care Health Professional Shortage in the U.S., with only 47.7 percent of need met, which would require 2,772 mental healthcare practitioners to address this need. The percent of need met in New Mexico is 23 percent, with an additional 45 mental healthcare practitioners needed to remove the health care professional shortage designation (<http://kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas>).

The bill would allow prescribing psychologists to meet their supervised practicum hours

in a timely manner by allowing several types of trained and qualified clinical staff to serve as supervising clinician instead of limiting supervision to a licensed physician. This could benefit DOH facilities in the recruitment and retention of needed prescribing psychologists.

The Medical Board provided the following:

Section 8 is not broad enough to ensure safe prescribing by prescribing psychologists. Section 8 requires the Psychology Boards to adopt PMP regulation only to those mandated in Section 26-1-16.1 NMSA 1978, simply requiring obtaining and reviewing the PMP for opioid prescriptions. Opioids are not prescribed by prescribing psychologists as their act limits them to prescribing psychotropic medications. Opioids are not a psychotropic medication. Psychotropic meds when combined with opioids are deadly. For example, benzodiazepines are commonly used as psychotropic medications but have a high risk for overdose themselves and more so when combined with opioids. Therefore any controlled substance prescriptions should require mandatory PMP review before giving the prescription to the patient, in order to avoid possible fatal or non-fatal overdose.

#### **ADMINISTRATIVE IMPLICATIONS**

RLD said that enactment of this bill would require the New Mexico State Board of Psychologist Examiners to amend their rules to be consistent with the amendments made to the statute. The Board has already adopted rules to carry out the provisions of the prescription monitoring program.

**EC/sb**