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## FISCAL IMPACT REPORT

ORIGINAL DATE 1/22/21

SPONSOR Mathews LAST UPDATED \_\_\_\_\_ HB 35

SHORT TITLE Independent Role for Nurse Anesthetists SB \_\_\_\_\_

ANALYST Klundt

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

	FY21	FY22	FY23	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>	No impacted identified	No impacted identified	No impacted identified	No impacted identified		

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

Responses Received From  
Board of Nursing (BON)

Other Responses  
New Mexico Association of Nurse Anesthetists

### SUMMARY

#### Synopsis of Bill

House Bill 35 (HB 35) amends the Nursing Practice Act to allow certified registered nurse anesthetists (CRNAs) to function with full practice authority, removing the interdependent relationship between CRNAs and other healthcare professionals. HB35 would allow CRNAs to practice to the full scope of education and certification according to the Board of Nursing (BON).

There is no effective date of this bill. It is assumed that the effective date is 90 days following adjournment of the Legislature.

### FISCAL IMPLICATIONS

BON did not identify any additional fiscal impact to the board at this time. BON noted this bill may attract more CRNAs to practice in New Mexico, which may also increase the board's workload. However, the increased demand for CRNA licensure should not outpace the capacity of the Board of Nursing.

## **SIGNIFICANT ISSUES**

BON reported HB35 aligns CRNAs with the three other advanced practice registered nurse roles (certified nurse practitioners, clinical nurse specialists, and certified nurse midwives) that have full practice authority and independent practice in New Mexico. CRNAs currently have the authority to bill for services without physician oversight due to a Centers for Medicare and Medicaid Services (CMS) waiver signed by Governor Johnson in 2002. Passage of this bill would codify the current practice in statute which result from the 2002 executive order.

Health care facilities will continue to have a choice in composition of anesthesia teams and if their CRNAs will work independently or in collaboration with others.

According to the New Mexico Association of Nurse Anesthetists, CRNAs have 6.5-9 years college education plus two or more years of critical care nursing before entering anesthesia programs. CRNAs have a Masters or Doctorate degree at completion of training and then pass an exam to become board certified.

## **TECHNICAL ISSUES**

In 2001, CMS changed the federal physician supervision rule for nurse anesthetists to allow state governors to opt out of this facility reimbursement requirement (which applies to hospitals and ambulatory surgical centers) by meeting three criteria:

- consult the state boards of medicine and nursing about issues related to access to and the quality of anesthesia services in the state,
- determine that opting out is consistent with state law, and
- determine that opting out is in the best interests of the state's citizens.

As of September 2018, 17 states have opted out of the federal physician supervision requirement.

## **OTHER SUBSTANTIVE ISSUES**

BON reported it is possible that the more rural healthcare facilities in New Mexico could struggle to provide anesthesia care if the CMS opt-out waiver was rescinded. The difficulties experienced by rural hospitals would be securing anesthesiologists to work in rural New Mexico and paying higher salary for anesthesiologists over CRNAs.

KK/rl