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## FISCAL IMPACT REPORT

SPONSOR: Fidel DATE TYPED: 02/15/01 HB \_\_\_\_\_  
 SHORT TITLE: Alternative Health Care Client Bill of Rights SB 329  
 ANALYST: Wilson

### APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY01	FY02	FY01	FY02		
	NFI				

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

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

No Response:  
 Department of Health (DOH)

### SUMMARY

#### Synopsis of Bill

HB 329 enacts a bill of rights for clients utilizing alternative health care, including acupressure, aroma therapy, culturally traditional healing practices, naturopath, homeopathy, and polarity therapy.

#### Significant Issues

An alternative health care practitioner would be required to provide their clients with a written copy of the Alternative Health Care Client Bill of Rights Act and shall contain the following:

- \$ Name, alternative health care title, business address and telephone number of the alternative health care practitioner.
- \$ Degrees, training, experience, or other qualifications of the practitioner regarding the alternative health care provided, followed by the following statement in bold print: “The State of New Mexico has not adopted any educational or training standards for alternative health care practitioners. This statement of credentials is for information purposed only. Under New Mexico law, an alternative health care practitioner may not provide a medical diagnosis or

recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor or any other licensed health care provider authorized to diagnose, or services from a physician, chiropractor, nurse, osteopath, physical therapist, dietitian, nutritionist, acupuncture practitioner or any other type of health care provider, the client may seek such services at any time."

- \$ Name, business address and telephone number of the practitioner's supervisor, if any.
- \$ Notice that the client has the right to file a complaint.
- \$ Name, address and telephone number of the department and notice that a client may file complaints with the department.
- \$ Practitioner's fees per unit of service, method of billing, insurance companies that have agreed to reimburse the practitioner.
- \$ A statement that the client has a right to reasonable notice of changes in services or charges.
- \$ Notice that the client has a right to complete and current information concerning assessment and recommended services.
- \$ Statement that clients may expect to be treated courteously.
- \$ Statement that client records are confidential.
- \$ Statement of the client's right to be allowed access to records and written information.
- \$ Statement that client has the right to choose freely among available practitioners to change practitioners after services have begun.
- \$ Statement that the client has a right to a coordinated transfer.

Prior to the provision of service, a client shall sign a written statement attesting that the client received the alternative health care client bill of rights.

The practitioner shall also post a copy of the alternative health care client bill of rights in their office along with their registration certificate.

Practices must register with the Department of Health (DOH) and DOH is to coordinate the alternative health care client bill of rights act.

Civil penalty not to exceed \$100 per violation shall apply.

## **ADMINISTRATIVE IMPLICATIONS**

SB329 will involve additional administrative duties to the DOH staff. It is not possible to quantify the amount of additional work required by SB 329 since the DOH did not respond.

## **RELATIONSHIP**

Relates to HB 393 Massage License Exemptions

## **SUBSTANTIVE ISSUES**

The HPC provided the following:

- c New Mexico is a multi cultural state and various methodologies, including traditional Hispanic and Native American healers are utilized to provide alternative health care.
- c Alternative options are currently available to New Mexicans; however there are no patient protections, registrations, or licensing governing many of the practices.
- c The use of complementary and alternative medicine (CAM) in the United States is growing. In a survey that compared the prevalence of alternative medicine use among American adults in 1991

and again in 1997, more than 4 of every 10 respondents reported using at least 1 of the 16 alternative therapies measured.

- c CAM has been used for thousands of years; many such practices have great potential for reducing symptoms and complications of disease. But most people who use CAM regimens do so without supervision, and some therapies may be associated with severe side effects. Clinicians therefore need to ask patients about their use of CAM regimens and to provide information about benefits and side effects of specific agents.
- c In 1992, the National Institutes of Health (NIH) created the Office of Alternative Medicine (OAM) in response to a congressional mandate to facilitate evaluation of alternative medical treatment modalities to determine their effectiveness. The mandate also provided for a public information clearinghouse and a research training program. According to its mission statement, "the OAM identifies and evaluates unconventional health care practices that maintain or induce healing processes that, in turn, promote wellness and alleviate suffering, illness, and disease. The office supports and conducts research and research training on these practices and disseminates information to practitioners and the public on complementary and alternative medicine's clinical usefulness, scientific validity, and theoretical underpinnings."
- c Researchers found that 94 percent of HMO professionals believed that personal prayer, meditation, and other spiritual practices can accelerate medical recovery of ill patients and that 74 percent believed these practices may have an impact on containing the cost of care. In addition, 83 percent believed that some practices, such as relaxation and meditation, should be a standard part of formal medical training (compared with 80 percent of family physicians polled).

DW/njw