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FISCAL IMPACT REPORT

ORIGINAL DATE 02/11/13

SPONSOR Taylor LAST UPDATED _____ HB 433

SHORT TITLE Nurse Practitioner Scope of Practice SB _____

ANALYST Martinez

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY13	FY14	FY15	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		NFI				

(Parenthesis () Indicate Expenditure Decreases)

Relates to HB 414

SOURCES OF INFORMATION

LFC Files

Responses Received From

Board of Nursing (BN)

Higher Education Department (HED)

SUMMARY

Synopsis of Bill

HB 433 would amend the Nursing Practice Act (NPA) to include Advanced Practice Registered Nurses (APRN) be considered properly credentialed registered nurses and allowed to administer anesthetics. HB 433 adds the definition of APRN as: “advanced practice registered nurse” means a nurse who practices professional registered nursing and who has been prepared through additional formal education to function beyond the scope of practice of professional registered nursing, including certified nurse practitioners, certified registered nurse anesthetists and clinical nurse specialists.”

For clarification HB 433 adds the following to the NPA:

- Nurses licensed pursuant to the Nursing Practice Act may practice hypnosis and administer local anesthetics; and
- All other anesthetic agents shall only be administered independently by currently licensed certified registered nurse anesthetists.
- Registered nurses with the appropriate credentials, as authorized by the board through

rules, may administer anesthetic agents under the following circumstances:

- (1) when performing sedation as a member of a team dedicated to medication administration and monitoring the patient under the direct supervision of a qualified licensed independent practitioner;
- (2) when sedating mechanically ventilated patients;
- (3) when performing advanced airway management as a member of a critical care transport team; and
- (4) By limiting all sedation outside of an emergency department to moderate sedation.”

HB 433 under Section 61-3-10-Q. strikes out the requirement that the BN register nurses not licensed to practice in New Mexico but permitted to practice professional registered nursing through a multistate licensing privilege under the Nurse Licensure Compact. Also eliminated under 61-3-23.3.E. is the requirement that the BN adopt rules on a prescriptive formulary for certified registered nurse anesthetists; and reconciling multiple amendments to the same section of law.

FISCAL IMPLICATIONS

No Fiscal Impact

SIGNIFICANT ISSUES

The BN advises in the past few years nurses in critical care settings in hospitals, and air or ground transport settings, have been administering anesthetic medications for procedural sedation, usually under the direction of a licensed independent provider or under agency policies. Because this is in violation of the NPA, the BN recognized the need to address these advances in the use of anesthetic medications by nurses who are not Certified Registered Nurse Anesthetist (CRNA).

The “New Mexico: ACA Implementation — Monitoring and Tracking” site visit report (Robert Wood Johnson Foundation and Urban Institute, August 2012, pp. 19-22) indicates maintaining a strong provider network in New Mexico is challenging primarily due to the difficulty in recruiting and retaining providers in rural areas and the limited scope of practice healthcare providers other than physicians can perform. Further strategies to enhance the practice and regulation of health care might be warranted, and the state has undertaken numerous efforts to strengthen its healthcare workforce, including adding additional healthcare professional education and training opportunities. These strategies might include increased use of mid-level practitioners, to allow doctors to more fully practice at their skill level.

RELATIONSHIP

In a similar bill the DOH writes: New Mexico continues to face a critical shortage of all health care professionals. The inadequate supply and uneven distribution of providers has resulted in shortages in all health care provider specialties (2014 DOH Strategic Plan). The Affordable Care Act will produce increased competition for “mid-level” providers nationally, especially for Family Nurse Practitioners.

TECHNICAL ISSUES

The BN writes: the proposed revised version of the Nurse Practice Act should be less restrictive in language. The BN is working on proposed revisions to the rules and regulations regarding “anesthetic” medication administration for moderate or procedural sedation. This would provide further restrictive language regarding these issues which will not focus on the specific medications. These rules will mandate the following: direct supervision by the physician/practitioner; nurse training and competency; appropriate setting and equipment to provide cardio-respiratory monitoring and rescue; the nurses’ duties limited to medication administration and patient monitoring, and the team (physician, nurse, additional personnel) must ensure the ability to rescue the patient before sedation is done. Physician directed and nurse administered procedural sedation, including “moderate” sedation “deep” sedation and “dissociative” anesthesia is routinely performed safely in emergency department and other critical care settings.

OTHER SUBSTANTIVE ISSUES

The BN, under the direction of their legal counsel, developed the proposed language changes in the NPA for the use of anesthetic medication by nurses who are not Certified Registered Nurse Anesthetists. This language has been expanded after consultation with the Medical Board and other interested agencies, and the BN supports this compromised language in HB 433, for the use of anesthetic medications by nurses with the appropriate knowledge, credentials and training. The BN has also directed the Advanced Practice committee to begin to write rules that will restrict the use of these medications used for sedation by registered nurses who can demonstrate the knowledge and skills to support the expanded scope of practice in order to ensure safe practice.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Nurses will be prohibited from administering medications for moderate or procedural sedation to enable the successful and more comfortable provision of many common procedures in critical care and ER settings

RM/blm