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FISCAL IMPACT REPORT

		ORIGINAL DATE	2/26/17			
SPONSOR	HSIVC	LAST UPDATED		HM	26/HSIVCS	

SHORT TITLE Certified Registered Nurse Anesthetists

ANALYST Chilton/Daly

SB

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)

SOURCES OF INFORMATION

LFC Files

<u>Responses Received From</u> Bureau of Nursing (BN) Veterans Services Department (VSD)

SUMMARY

Synopsis of Memorial

The House State Government, Indian and Veteran Affairs Committee Substitute for House Memorial 26 would request the Veterans Administration health system in New Mexico to recognize certified registered nurse anesthetists (CRNAs) as capable of providing independent anesthesia services in its facilities. The memorial notes that CRNAs practice independently in multiple roles, including in outpatient and inpatient surgery and battlefront operations. Such a designation would be consistent with New Mexico law applicable in types of health facilities other than the Veterans Administration system. The memorial notes the possibility that New Mexico veterans currently face unnecessary waits for surgical procedures when anesthesiologist services are in short supply even when there are adequate numbers of nurse anesthetists.

Copies of the memorial would be distributed to the New Mexico secretary of veteran's services department the Veterans Administration under-secretary for health, and the medical director of the New Mexico Veterans Affairs health care system.

FISCAL IMPLICATIONS

No fiscal impact.

House Memorial 26/HSIVCS – Page 2

SIGNIFICANT ISSUES

New Mexico state law on CRNAs is contained in Section 61-23.3 NMSA 1978, and includes the following, in subsections B, C, and D:

B. A certified registered nurse anesthetist may provide preoperative, intraoperative and postoperative anesthesia care and related services, including ordering of diagnostic tests, in accordance with the current American association of nurse anesthetists' guidelines for nurse anesthesia practice.

C. Certified registered nurse anesthetists shall function in an interdependent role as a member of a health care team in which the medical care of the patient is directed by a licensed physician, osteopathic physician, dentist or podiatrist licensed in New Mexico pursuant to Chapter 61, Article 5A, 6, 8 or 10 NMSA 1978. The certified registered nurse anesthetist shall collaborate with the licensed physician, osteopathic physician, dentist or podiatrist concerning the anesthesia care of the patient. As used in this subsection, "collaboration" means the process in which each health care provider contributes the health care provider's respective expertise. Collaboration includes systematic formal planning and evaluation between the health care professionals involved in the collaborative practice arrangement.

D. A certified registered nurse anesthetist who has fulfilled the requirements for prescriptive authority in the area of anesthesia practice is authorized to prescribe and administer therapeutic measures, including dangerous drugs and controlled substances included in Schedules II through V of the Controlled Substances Act [Chapter 30, Article 31 NMSA 1978] within the emergency procedures, perioperative care or perinatal care environments. Dangerous drugs and controlled substances, pursuant to the Controlled Substances Act, that have been prepared, packaged or fabricated by a registered pharmacist or doses of drugs that have been prepackaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act [Chapter 61, Article 11 NMSA 1978] and the New Mexico Drug, Device and Cosmetic Act [Chapter 26, Article 1 NMSA 1978] may be prescribed and administered.

The Cochrane Collaboration, in 2014, issued its report on the issue, indicating that surgical results and morbidity and mortality do not differ between CRNAs and physician anesthesiologists. The report is attached. <u>http://www.thecochranelibrary.com/</u>

LAC/MD/al