

Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the NM Legislature. The LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

Current and previously issued FIRs are available on the NM Legislative Website (www.nmlegis.gov) and may also be obtained from the LFC in Suite 101 of the State Capitol Building North.

FISCAL IMPACT REPORT

ORIGINAL DATE 2/20/2017

SPONSOR Rue LAST UPDATED _____ HB _____

SHORT TITLE Emergency Medical Services Licensure Compact SB 315/ec

ANALYST Chenier

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY17	FY18	FY19	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		Unknown	Unknown	Unknown	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Medical Board (MB)

Board of Nursing (BN)

SUMMARY

Synopsis of Bill

Senate Bill 315 would enact the Interstate Compact for Recognition of Emergency Medical Personnel Licensure (REPLICA). As stated in the bill member states would improve their ability to protect the public’s health and safety; cooperate across state lines on EMS licensure and regulation; support EMS licensing of recently separated from the military veterans and their spouses; exchange information on EMS personnel licensure, adverse action, and significant investigatory information; promote laws governing EMS personnel practice in each member state; and hold EMS personnel accountable through the mutual recognition of member state licenses.

The compact would create an Interstate Commission with members appointed by each member state. The commission would have rulemaking authority with the force and effect of law and will be binding on each member state. The commission would also have financial powers allowing it to borrow money, purchase bonds, hire employees, and establish a budget. The budget will be established with revenue from an assessment to each member state and imposition of fees. An additional provision states that “nothing in this compact supersedes state law or rules related to licensure of emergency medical services agencies”. Lastly the bill includes an emergency clause.

FISCAL IMPLICATIONS

Ten states have to adopt the compact before it becomes active. So far seven states enacted REPLICA and five states filed bills. Article 10. C. of the compact includes a provision allowing the commission to levy and collect an annual assessment from each member state or impose fees on other parties to cover the costs of the operations of the commission. Since the compact is not active and does not have an annual budget it is impossible to determine the size of the annual assessment or how much a fee levied on individual licensees would be.

SIGNIFICANT ISSUES

If New Mexico becomes one of the first ten states to join the compact, New Mexico will be part of the REPLICA Commission that will guide REPLICA's efforts nationally.

DOH provided the following:

The REPLICA Compact allows emergency medical services (EMS) to evolve and emerge as a health care discipline that parallels other allied health professions. It will benefit EMS personnel who work in situational cross border environments, EMS employers, NMDOH, and ultimately the patients served by EMS caregivers and certain organizations working in more than one state, such as wild-land fire responders, federal homeland security, and law enforcement agencies. REPLICA has the potential to facilitate a robust and capable method of offering rapid, and in specified cases, immediate legal recognition to individuals properly licensed in their states of origin under controlled circumstances. It will create an instrument that parallels interstate recognition of nursing licenses and state drivers' licenses to be recognized by other states on short term and condition-limited bases. In each example, member states agree to honor licenses so long as the license is issued in another member state in a manner consistent with the compact terms. (<https://www.nremt.org/rwd/public/document/replica>)

Although the federal government frequently provides resources and assistance to aid states in the development of licensing protocols, EMS licenses are issued by individual states and are based on individual state regulations. The license issued to emergency services personnel by a state is based on a determination of the individual's fitness to practice: individuals must meet or exceed the minimum requirements established by that state's laws and regulations. It is often difficult to ascertain if these states have standards that match that of New Mexico, causing administrative delay.

States that are part of REPLICA must have requirements for their licensees that include the following: completing a state approved or nationally accredited training program; obtaining a passing score on a national certification examination; passing a criminal history background check; and having a medical director who is responsible for verifying the competency of the provider. These are all requirements that New Mexico already has, thus New Mexico does not need to change or add any licensure requirements in order to become a REPLICA state. (NMSA 1978 24.10b.1-13 & NMSA 1978 7.27.2.1-15) Additionally, New Mexico would be able to work with other REPLICA states with confidence that their licensees have met standards similar to those required here in New Mexico.

REPLICA would allow EMS personnel to better service the public across state lines, and would provide a mechanism for State EMS Offices to share licensure information, communicate, and coordinate. REPLICA also recognizes the service of veterans and their spouses by providing a mechanism for veterans to receive priority processing of EMS licensure paperwork.

Board of Nursing provided the following:

Article 4 of the compact does not contain minimal licensure standards which means that New Mexico would be required to recognize the license from another jurisdiction which may be less than our standards for licensure. Does the home state have the same education standard, or require the same or any continuing education for license renewal? The compact only authorizes New Mexico to require additional education or examination requirements for veterans (Article 7).

(Article 4, Letter C, page 9, Lines 3-5) This compact requires that licensees practicing in New Mexico function under the scope of practice of their home state while in New Mexico. The scope of practice of other states may be a conflict with our scope of practice and this will result in different scopes of practice being allowed for the same type of license within our jurisdiction. Moreover, in (Article 4, Letter D, page 9, Lines 6-14) New Mexico would be authorized to take action on the privilege to practice of a licensee from a remote state who may have practiced on the scope of that home state instead of our scope of practice.

“Alternative program” is defined (page 4, Lines 9-11) as a program for nondisciplinary substance abuse recovery. Some healthcare professions are expanding the use of the term alternative program to include nondisciplinary practice remediation for licensees that had practice deficits that may be remediated through continuing education, supervision and the like.

There is no language in the compact that creates a threshold for when a licensee needs a New Mexico license. An unintended consequence could be that licensees could gravitate to states with the lowest fees for licensure or the lowest licensing standards and still permanently practice in New Mexico which would be responsible for regulating their practice without the necessary operational income from the licensure fees.

EC/jle/al