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FISCAL IMPACT REPORT

SPONSOR	Ferrary/Cadena/Bash/ Thomson	**ORIGINAL DATE** / **LAST UPDATED**	1/31/19 / 2/28/19	**HB**	280/aHFl#1
SHORT TITLE	Nurse & Midwife Privilege Parity			**SB**	
				ANALYST	Hawker

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY19	FY20	FY21	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	No Fiscal Implications					

Parenthesis ( ) indicate expenditure decreases

SOURCES OF INFORMATION
LFC Files
American Association of Nurse Practitioners (AANP)

Responses Received From
Board of Nursing (BN)
Department of Health (DOH)
Human Services Department (HSD)
University of New Mexico Health Sciences Center (UNM\HSC)

SUMMARY

Synopsis of HFl#1Amendment

The House Floor Amendment #1 to House Bill 280 amends the bill to include the definition of "clinical nurse specialist" meaning a registered nurse who is licensed by the board of nursing for advanced practice as a clinical nurse specialist and whose name and pertinent information are entered on the list of clinical nurse specialists maintained by the board of nursing.

HB280/HFl#1 also adds an effective date of July 1, 2020.

Synopsis of Original Bill

House Bill 280 requires, unless otherwise required by federal law, health facilities licensed by the department of health to extend certain privileges physicians have to certified nurse practitioners (CNPs), certified nurse midwives (CNMs) and clinical nurse specialists (CNSs). The privileges include:

- the same criteria for granting admitting, discharge, or authorizing continued patient care;

- within the respective professions scopes of practice, being eligible to serve on the facilities medical staff, be credentialed using the same procedures as physicians, be authorized to conduct peer review of their professional colleagues.

FISCAL IMPLICATIONS

No fiscal impact.

SIGNIFICANT ISSUES

According to the American Association of Nurse Practitioners, New Mexico is one of 22 states which allow nurse practitioners to have full scope of practice. Full scope of practice includes the authorization to evaluate patients; diagnose, order and interpret diagnostic tests; initiate and manage treatment to include the prescribing of medications and controlled substances, under the licensure authority of the state board of nursing.

Section 24-1-2 NMSA 1978 "health facility" means a public hospital, profit or nonprofit private hospital, general or special hospital, outpatient facility, crisis triage center, freestanding birth center, adult daycare facility, nursing home, intermediate care facility, assisted living facility, boarding home not under the control of an institution of higher learning, child care center, shelter care home, diagnostic and treatment center, rehabilitation center, infirmary, community mental health center that serves both children and adults or adults only, residential treatment center that serves persons up to twenty-one years of age, community mental health center that serves only persons up to twenty-one years of age and day treatment center that serves persons up to twenty-one years of age or a health service organization operating as a freestanding hospice or a home health agency…. also includes those facilities that, by federal regulation, must be licensed by the state to obtain or maintain full or partial, permanent or temporary federal funding. It does not include the offices and treatment rooms of licensed private practitioners.

DOH notes:

> "According to the Centers for Medicaid and Medicare Services (CMS) State Operations Manual Appendix A: Survey Protocol, Regulations and Interpretive Guidelines for Hospitals Regulation A339, a "hospital's governing body has the responsibility, consistent with state law, including scope of practice laws, to determine which types/categories of physicians and, if it so chooses, non-physician practitioners or other licensed healthcare professionals may be privileged to provide care to hospital patients." HB280 would compel hospital governing bodies to privilege CNPs, CNMs, and CNSs under the same criteria as for physicians.
>
> The most recent New Mexico Health Care Workforce Committee Report, 2018, noted that there are an estimated 178 CNMs practicing in NM. It also noted that an additional 11 CNMs would be needed for all NM counties to meet a national benchmark (7.08 per 100,000 female population). (https://www.nmhanet.org/files/NMHCWF_2018Report.pdf) Annually, CNMs in NM deliver approximately 25% of the recorded NM resident births in hospital settings. In 2017, there were 23,708 births or approximately 5900 births delivered by CNMs in New Mexico. Having admitting and discharge privileges ensures a continuum of care by the patient's chosen provider, from outpatient prenatal care visits, inpatient labor and delivery needs, and outpatient postpartum care. "In hospitals throughout the country, nurse midwives have clinical privileges that allow them to admit, manage, and discharge patients, and they

are credentialed as members of the hospital medical staff" (http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000277/Where%20Midwives%20Work%20June2012.pdf).

Federally, CMS allows for facility charges to be reimbursable when a CNP or CNM is the admitting provider-type at a facility. However, individual health facilities may limit privileging or participation in medical staff meetings for advanced practice nurses when compared to physicians (http://www.midwife.org/Hospital-Credentialing-and-Privileging). In NM, some hospitals, such as Presbyterian and the University of New Mexico Hospital, offer these privileges for their CNPs and CNMs on staff, but other hospitals in the state do not."

VKH/sb/al