

LFC Requestor: Self Assigned

**2025 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS**

Section I: General

Chamber: House
Number: 117

Category: Bill
Type: Introduced

Date (of THIS analysis): January 29, 2025
Sponsor(s): Joanne J. Ferrary
Short Title: Death Certificate by Physician Assistant

Reviewing Agency: Agency 665 – Department of Health
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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 25	FY 26		
\$0	\$0	n/a	n/a

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 25	FY 26	FY 27		
\$0	\$0	\$0	n/a	n/a

Explain what type of revenues this bill will generate: surcharges, taxes, fees, patient billing, federal revenues, etc.

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 25	FY 26	FY 27	3 Year Total Cost	Recurring or Non-recurring	Fund Affected
Total	\$0	\$0	\$0	\$0	n/a	n/a

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: None

Duplicates/Relates to an Appropriation in the General Appropriation Act: None

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

House Bill 117 proposes to add physician assistants as providers who may sign a death certificate in New Mexico.

It also proposes the existing statute change the reference to hospitals and nursing home licensing from the Department of Health to the Health Care Authority.

HB117 proposes increasing the types of providers who may certify a death which may decrease the time it takes Vital Records to produce a death certificate for a decedent.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

HB 117 addresses some of the issues facing the timely production of death certificates and may have a positive impact on the time it takes VR to produce a death certificate.

However, there are additional issues with the current text of the Vital Records Act which contributes to delays in the creation of death certificates. The Department of Health recommends amendments be made to HB117 to address one common source of confusion between physicians and the Office of the Medical Investigator. The Department's proposed amendment is included below.

Other states have passed similar registration or have also allowed physician assistants to certify cause and manner of death on death certificates. Some states that have allowed physician assistants to certify death certificates include Arizona, California, Connecticut, Georgia, Idaho, Indiana, Iowa, Kentucky, Maine, Maryland, Minnesota, Missouri, Nebraska, New Hampshire, New Jersey, North Carolina, North Dakota, Oregon, Pennsylvania, South Carolina, South Dakota, and Wyoming.

The following links outline statutes for death registration in Oregon, Arizona, and California. Neither state specify "physician assistant" but indicate that an "associate of the medical certifier," a "medical examiner or alternate medical examiner" shall certify the death certificate. In Arizona's legislation, it is also noted that a "facility shall designate a health care provider" to complete the medical certificate when the death occurs in a hospital, nursing care institution, or a hospice inpatient

facility. California statutes detail the difference of a surgeon, physician, and a licensed physician assistant who all can certify medical portions of death certificates.

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?
 Yes No

This will allow more medical professional to sign manner and cause on a death certificate to provide timely completion.

- Is this proposal related to the NMDOH Strategic Plan? Yes No

- Goal 1:** We expand equitable access to services for all New Mexicans
- Goal 2:** We ensure safety in New Mexico healthcare environments
- Goal 3:** We improve health status for all New Mexicans
- Goal 4:** We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?
 Yes No N/A
- If there is an appropriation, is it included in the LFC Budget Request?
 Yes No X N/A
- Does this bill have a fiscal impact on NMDOH? Yes No

4. ADMINISTRATIVE IMPLICATIONS

Will this bill have an administrative impact on NMDOH? Yes No

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

None.

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

7. LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)

- Will administrative rules need to be updated or new rules written? Yes No
- Have there been changes in federal/state/local laws and regulations that make this legislation necessary (or unnecessary)? Yes No
- Does this bill conflict with federal grant requirements or associated regulations?
 Yes No
- Are there any legal problems or conflicts with existing laws, regulations, policies, or programs? Yes No

8. DISPARITIES ISSUES

None

8. HEALTH IMPACT(S)

If enacted, HB117 would promote the timely issuance of death certificates, by allowing a broader range of providers to sign the death certificate.

10. ALTERNATIVES

None.

11. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

If HB117 is not enacted, then Physician Assistants will not be able to certify or sign manner and cause of death on death certificates.

12. AMENDMENTS

Currently, Section 24-14-20(F), NMSA 1978 of the NM Vital Records Act states in relevant part:

F. When death occurs without medical attendance as set forth in Subsection C or D of this section or when death occurs more than ten days after the decedent was last treated by a physician, the case shall be referred to the state medical investigator for investigation to determine and certify the cause of death.

There has historically been much confusion regarding what constitutes “treatment” for purposes of this paragraph, and the short time frame has also contributed to a significant number of cases being unnecessarily referred to OMI, even when there was nothing unexpected about a person’s death and the decedent’s primary care practitioner is reasonably assured of the cause of death.

To address this significant problem, the Department of Health would propose that the following amendment be added to HB117:

F. When death occurs without medical attendance as set forth in Subsection C or D of this section or when death occurs more than [ten days after the decedent was last treated by a physician] 180 days after the decedent was last treated through medical examination, medical advice, or medication by a primary care physician, physician assistant, or nurse practitioner, the case shall be referred to the state medical investigator for investigation to determine and certify the cause of death. The physician, physician assistant, or nurse practitioner shall certify the cause of death to the best of their knowledge and belief, if the cause of death can reasonably be ascertained from the individual’s medical history.

** The Department has communicated these recommended amendments to the bill to Senator Ferrary and she has graciously agreed to incorporate them into the legislation.

If the practitioner who treated the decedent within 180 days prior to the person’s death is unable to reasonably ascertain the cause of death from the person’s medical history, the case would be referred to OMI as an unknown cause of death, in accordance with existing text of the Vital Records Act.

