

LFC Requestor: Self Assigned

2025 LEGISLATIVE SESSION  
AGENCY BILL ANALYSIS

Section I: General

Chamber: House

Category: Bill

Number: 178

Type: Introduced

Date (of THIS analysis): February 5, 2025

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Short Title: Nursing Practice Changes

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		

REVENUE (dollars in thousands)

No impact to NMDOH revenue. There may be impact to the Board of Nursing revenue due to increased revenue for licensure renewal costs.

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

**ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)**

**No impact to NMDOH operating budget. There may be potential impact to the Board of Nursing operating budget due to increased revenue for licensure renewal costs and potential need for additional administrative staff.**

	<b>FY 25</b>	<b>FY 26</b>	<b>FY 27</b>	<b>3 Year Total Cost</b>	<b>Recurring or Non- recurring</b>	<b>Fund Affected</b>
<b>Total</b>	\$0	\$0	\$0	\$0		

**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**

Synopsis

a) House Bill 178 proposes several changes to the Nurse Practice Act.

1. Several proposed additions to definitions including:

- **“Advanced Practice Registered Nurse”** which means a certified nurse practitioner, a certified registered nurse anesthetist, or a certified clinical nurse specialist licensed pursuant to the Nursing Practice Act
- **“Anesthetics”** means a substance that causes the entire or partial loss of the feeling of pain, temperature or other sensations, with or without the loss of consciousness, including topical, local, or intravenous anesthetics but excluding general anesthesia
- **“Artificial intelligence”** means a broad category of existing, emerging and future digital technologies that involves using algorithms to drive the behavior of agents such as software programs, machines and robotics
- **“general anesthesia”** means a drug-induced loss of consciousness where patients are not arousable, even by painful stimulation, the ability to maintain an adequate airway and respiratory function is affected, and the cardiovascular function may be impaired
- **“sedation”** means the administration of medication to produce various levels of calmness, relaxation or sleep, including minimum sedation, during which a patient responds normally to verbal commands and may have impaired cognitive function

or coordination and respiratory and cardiovascular function remains stable, moderate sedation, during which a patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation, respiratory functions remain stable, and cardiovascular functions are usually maintained deep sedation, during which a patient cannot be easily aroused but responds purposefully, following repeated or painful stimulation, respiratory functions may be impaired, requiring assistance in maintaining the airway, including intubation and mechanical ventilation and cardiovascular functions are usually maintained, or palliative sedation, an end-of-life intervention used to provide a patient with relief of symptoms that cannot be controlled in a tolerable time frame despite the use of therapies and that are unlikely to be controlled by further therapies without excessive, intolerable, acute or chronic side effects or complications, but not to intentionally hasten death

2. Several proposed changes to definitions including:
  - Adding “Certified” to the Clinical Nurse Specialist definition
  - Change the term “chairman” to “chair”
  - Change the term “podiatrists” to “podiatric physicians”
  - Changes the term “drugs” to “substances”
  - Changing the term “Diversion” to “Alternative to Discipline”
3. Proposed changes to Administration of Anesthetics, Section 2, Section 61-3-6 NMSA 1978:
  - to add “Sedatives and General Anesthesia” to the Section Title
  - To strike/remove the statement “It is unlawful for any person, other than a person licensed in New Mexico to practice medicine, osteopathy or dentistry or”
  - To allow a certified registered nurse anesthetist to administer “general anesthesia” to any person and remove the term “anesthetics”
  - To change the word “person” to read “registered nurse” “may, upon the successful completion of required training programs, administer anesthetics or moderate sedation to any person.”
4. Proposed additions to Powers and Duties of the Board, Section 4, Section 61-3-10 NMSA 1978:
  - To create a reserve category of registered nurses and licensed practical nurses for emergencies
  - To create a retired registered nurse license category for registered nurses without a licensing fee to serve on advisory and policy making community and nonprofit organization boards
  - To ensure that New Mexico nursing data is collected and owned by the Board of Nursing
  - To develop and maintain a system to assist all schools of nursing with pre-licensure clinical placements
  - To provide a nurse applying for a first time license a single state license, and upon renewal, may apply for a multistate license with additional fees
  - To develop rules and establish standards for the use of artificial intelligence in nursing
5. Proposed additions to Licensure of Registered Nurses- By Examination- Expediated Licensure, Section 5, Section 61-3-14 NMSA 1978:

- To add the requirement of a completed application for successful licensure by the board
6. Proposed additions to Fees for Licensure as a Registered Nurse, Section 6, Section 61-3-16 NMSA 1978:
    - To increase licensure fees without exam from \$150 to not more than \$200
    - For initial licensure as a certified nurse practitioner to increase the fees from \$100 to \$200
    - To allow the board to waive the fee for an initial license for a registered nurse who has graduated from a New Mexico public school of nursing
  7. Proposed additions to Licensure of Licensed Practical Nurses By Examination- By Expedited Licensure, Section 7, Section 61-3-19 NMSA 1978:
    - To add the requirement of a completed application for successful licensure by the board
    - To allow the board to waive the fee for initial licensure for a licensed practical nurse who has graduated from a New Mexico public school of nursing
  8. Proposed changes to Certified Nurse Practitioner Qualifications- Practice- Examination- Endorsement- Expedited Licensure, Section 8, Section 61-3-23.2 NMSA 1978:
    - To allow certified nurse practitioners who have fulfilled the requirements for prescriptive authority to prescribe in accordance with rules promulgated by the board and remove the “guidelines and formularies for individual certified nurse practitioners”
  9. Proposed changes to Certified Clinical Nurse Specialist – Qualifications- Endorsement- Expedited Licensure, Section 9, Section 61-3-23.4 NMSA 1978:
    - Removal of the sentence “guidelines and formularies based on scope of practice and clinical setting for individual clinical nurse specialists” and allows prescribing based in accordance with rules promulgated by the board.
  10. Proposed changes to Renewal of Licenses, Section 10, Section 61-3-24 NMSA 1978:
    - Changes renewal fees from \$110 to \$150 for licensure
    - Addition of \$50 fee for applying for a multi-state license
  11. Proposed additions to Disciplinary Proceedings- Judicial Review- Application of Uniform Licensing Act- Limitation, Section 11, Section 61-3-28 NMSA 1978:
    - Proposes that all written and oral communication made to the board related to potential disciplinary action are kept confidential and are not public record for the purposes of the Public Records Act. All communications by the board relating to actual or potential disciplinary action or investigations of complaints will not be disclosed except for carrying out purposes of the board, appealing actions of the board, referring cases to law enforcement agencies, national database clearinghouses, or other licensing boards
  12. Proposed language change to Diversion Program Created- Advisory Committee- Renewal Fee- Requirements- Immunity from Civil Actions, Section 12, Section 61-3-29.1 NMSA 1978:
    - Proposed change from “Diversion Program” to “Alternative to Discipline Program”

- Proposed change from “abuse of drugs or alcohol” and “chemically dependent” to “use of habit forming substances”
- Proposed change from “regulations” to “rules”

Is this an amendment or substitution?  Yes  No

Is there an emergency clause?  Yes  No

b) Significant Issues

HB178 proposes changes to the Nurse Practice Act that have limited potential effect on the New Mexico Department of Health. Possible areas of effect might be implicated if the New Mexico Department of Health state hospitals or public health offices were to provide procedures where sedation or general anesthesia is required. HB178 would allow a certified registered nurse anesthetist to administer general anesthesia to patients and would allow registered nurses with appropriate training to administer anesthetics or moderate sedation to patients.

There may be potential impact to the healthcare system in general to allow certified nurse anesthetists and registered nurses to provide general anesthesia and anesthetics. This could potentially provide increased access to procedures and services that require sedation or general anesthesia. The State of New Mexico continues to see a shortage in medical providers. Especially specialists in certain medical specialties such as neurology, cardiology, and anesthesiology.

( [https://digitalrepository.unm.edu/nmhc\\_workforce/10/](https://digitalrepository.unm.edu/nmhc_workforce/10/))

Creating a reserve category of registered nurses and licensed practical nurses for emergencies may have impact on the New Mexico Department of Health and the healthcare system in New Mexico. A reserve category of nurses would allow for additional vetted nurses to rapidly respond to identified emergencies and provide necessary care to New Mexicans during times of need such as wildfires and outbreaks. The New Mexico Department of Health maintains the Medical Reserve Corps for New Mexico and adding a current and maintained category of vetted nurses able to respond to identified emergencies would build capacity for response. [National Estimates of the Reserve Capacity of Registered Nurses Not Currently Employed in Nursing and Emergency Nursing Job Mobility in the United States - PMC](#)

Creating a retired registered nurse license category to serve on community and nonprofit boards may have potential impact on the New Mexico Department of Health and the healthcare system in New Mexico. A retired registered nurse category would allow for this category of trained professionals to share their expertise and training in the service of community and nonprofit boards while also continuing to be vetted and maintained through the board of nursing. This retired category would also waive the licensing fee for retired nurses, removing the burden for those retired professionals that may find the licensing fee a burden.

Ensuring New Mexico nursing data is collected and owned by the Board of Nursing allows for quick and easy access to data when needed, regardless of purpose. The recent issue with data loss from licensing and regulation created data gaps and loss of annual information for multiple professions. New Mexico Board of nursing was not affected by this data loss due to internal tracking of data. Allowing for the Board of Nursing to collect and own

nursing data will ensure larger data system failures will not affect New Mexico nursing data. [REGULATORY ISSUES: Boards of Nursing Commitment to Ongoing Regulatory Excellence | Article | NursingCenter](#)

Developing and maintaining a system to assist all schools of nursing with pre-licensure clinical placements will allow for improved tracking and placement of pre-licensure nursing students. In recent years, clinical placements for pre-licensure students have become more difficult to identify within the healthcare system due to staffing vacancies and the amount of time and effort required to train students. [Microsoft Word - Final Clinical Instruction in Prelicensure Nursing Program...](#)

Artificial Intelligence in healthcare is a new field that has large potential impact on the healthcare system. Defining what artificial intelligence is and developing rules for artificial intelligence for nursing in New Mexico will allow for oversight and tracking of this new resource while defining and developing what that means for the healthcare system in New Mexico. This also has potential impact to the New Mexico Department of Health as part of the healthcare system. [4.3-AI-in-Health-Care-title-authors-summary.pdf](#) and [AI in healthcare: The future of patient care and health management - Mayo Clinic Press](#) and [AI in Healthcare: Benefits and Examples](#)

Allowing certified nurse practitioners to practice to the full scope of their licensure and remove barriers to providing care such as limits to prescriptive authority through formularies creates expanded access to care and potential for improved health status. [Nurse practitioners' workforce outcomes under implementation of full practice authority - PMC](#)

Increasing licensing fees for registered nurses will increase revenue for the New Mexico Board of Nursing and will assist with operational costs. Increasing fees has the potential to be a hardship for registered nurses who may find the increased fees a burden. Increased fees will affect budgets for those employers who reimburse licensing costs for staff.

Changing the title of the Diversion Program to be Alternative to Discipline Program may lessen the stigma associated with the word “diversion” and may increase willingness of registered nurses to participate in the program.

## 2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?

Yes  No

If yes, describe how.

- 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

Proposed changes such as allowing certified nurse anesthetists to provide general anesthesia and trained registered nurses to provide sedation, creating a reserve category of nurses able to respond to emergencies, creating a system for clinical placements, and defining and creating rules around artificial intelligence may increase access to care and improve health status for New Mexicans where 32 of 33 counties are identified healthcare shortage areas. [Find Shortage Areas NMHCWF 2023 Report Oct 2023.pdf](#)

### 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  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

### 9. HEALTH IMPACT(S)

These changes have the potential to affect health of New Mexicans through potential increased access to care by expanding the scope of some providers.

### 10. ALTERNATIVES

None

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

If proposed changes are not enacted as listed in HB 178, a reserve category of registered nurses able to respond to emergencies would not be created, the New Mexico Board of Nursing would not collect and own New Mexico nursing data, certified nurse practitioners would not be able to administer general anesthesia, trained registered nurses would not be able to administer moderate sedation, licensing fees for license renewal would not increase, the Diversion Program would not change to Alternative to Discipline Program, a retired nurse category to serve on community and nonprofit boards and committees would not be created, defining and creating rules for artificial intelligence and what it means to nursing in New Mexico would not be created, certified nurse practitioners would be limited in prescriptive authority, and a clinical placement system for pre-licensure nursing students would not be created.

**12. AMENDMENTS**

None