

LFC Requester:	Anne Hanika-Ortiz
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AGENCY BILL ANALYSIS - 2025 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO

AgencyAnalysis.nmlegis.gov and email to billanalysis@dfa.nm.gov

(Analysis must be uploaded as a PDF)

SECTION I: GENERAL INFORMATION

{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

Date Prepared: 2/25/2025 *Check all that apply:*
Bill Number: HB413 Original Correction
 Amendment Substitute

Sponsor: Gail Armstrong and Harlan Vincent and Jenifer Jones and Elizabeth "Liz" Thomson and Dayan Hocham-Vigil

Agency Name and Code Number: New Mexico Medical Board-446

Short Title: Enacting the Physician Assistant Licensure Interstate Compact

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SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
			Recurring	

(Parenthesis () indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected

Total		60.0	60.0	120.0	Recurring	OSF
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(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to: SB46 and HB243
 Duplicates/Relates to Appropriation in the General Appropriation Act:

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis:

HB413- Enters New Mexico in the Physician Assistant Licensure Interstate Compact for the purpose of strengthening access to medical services and enhance the portability of a license to practice as a physician assistant. The Physician Assistant Licensure Compact Commission would serve as the national administrative body. Key features of the Compact follow.

Specifies criteria for a state to participate in the Compact and for a licensee to exercise the “compact privilege,” which is defined as “the authorization granted by a remote state to allow a licensee from another member state to practice as an physician assistant in the remote state under its laws and rules.”

Allows a licensee who is active duty military or is the spouse of active duty military to obtain a compact privilege.

STATE PARTICIPATION requires that a state:

- Implement a criminal background check requirement
- participate in the Commission’s data system
- Require an applicant to obtain a license in the home state
- Grant the compact privilege to a licensee holding a valid unencumbered license in another member state
- Utilize only a recognized national examination as a requirement for licensure
- Notify the Commission of any adverse action against a licensee
- Comply with the rules of the Compact Commission.

Member states may charge a fee for granting a compact privilege.

Details the requirements for a physician assistant seeking privilege to practice under the Compact.

ADVERSE ACTION: Grants authority to a remote state to impose adverse action against a privilege to practice within the member state. Grants exclusive power to a home state to take adverse action against the license issued by it. Joint investigation is authorized.

PHYSICIAN ASSISTANT LICENSURE COMPACT COMMISSION consists of one delegate from each member state and is granted authority to promulgate uniform rules to facilitate the compact (which may be rejected by a majority of legislatures of member states); bring legal proceedings; impose assessments from each member state or fees on other parties to cover costs; conduct all necessary business; and elect an executive board. The Commission is directed to maintain a coordinated database and reporting system (to which member states shall submit a uniform data set on all persons to whom the compact is applicable).

The nine-member executive board handles the business of the Commission and monitors and reports compliance. Procedures for meetings of the Commission and board are provided. Grants qualified immunity to the Commission, executive board and employees. Provides procedures for default, technical assistance, and termination relating to member states.

SEVERABILITY: The provisions of the compact are severable; should any provision be declared contrary to the constitution of any member state or of the United States or the applicability of any provision be held invalid, the validity and applicability of the remainder of the compact shall not be affected.

BINDING EFFECT: A licensee providing physician assistant services in a remote state is to function within the laws and regulations of the remote state. Laws in a member state in conflict with the compact are superseded to the extent of the conflict. Lawful actions of the commission are binding on member states. Any provision of the compact that exceeds constitutional limits imposed on the legislature of a member state are ineffective to the extent of the conflict with the constitutional provision in question.

DEFINITIONS include

“home state” means the member state that is the licensee’s primary state of residence

“licensee” means a person who currently holds an authorization from a state to provide medical services as a physician assistant

“remote state” means a member state other than the home state where the licensee is exercising the compact privilege.

FISCAL IMPLICATIONS

The average compact member state may see an increase in applications.

SIGNIFICANT ISSUES

As of October 2024, 12 states have enacted the PA compact, and while the agreement isn’t operational yet, the news is a positive step toward decreasing the barriers PAs face when they travel and practice.

The PA licensure compact is an interstate arrangement in which participating states agree to recognize a valid, unencumbered PA license issued by another compact state. The compact allows PAs of a member state to forgo the lengthy and complicated PA licensing process of another compact state, meaning they don’t need an individual license from each state they wish to practice in.

A PA in the compact must meet the compact eligibility requirements:

- Active, unencumbered license from a compact member state
- Graduation from an accredited PA program
- Current NCCPA certification
- No felony or misdemeanor conviction
- Other requirements as defined in the compact model legislation

When eligibility is confirmed, the PA submits an application to the PA Compact Commission for a privilege to practice in another compact member state

After receipt of the application, the PA’s license and eligibility are verified via the compact data system.

The PA pays a compact privilege fee and completes any jurisprudence requirements.

The compact privilege is issued to the PA. The PA now has the legal authorization to practice in a compact state

The compact privilege is issued by the remote compact member state via the compact commission.

The PA must follow the laws and regulations of the compact member state where the patient is located/services are delivered

As of early October 2024, the PA licensure compact has been enacted by 12 states: Delaware, Utah, Washington, Wisconsin, West Virginia, Nebraska, Virginia, Oklahoma, Maine, Colorado, Minnesota, and Tennessee. Ohio’s governor has also signed legislation enacting the PA compact, which will go into effect on October 24, 2024. Any PA who obtains privilege to practice through the compact must adhere to the laws and regulations of the state in which they work.

The PA licensure compact officially went into effect among seven states on April 4, 2024, when Virginia Governor Glenn Youngkin signed that state’s bill enacting the compact. Virginia was the seventh state in the United States to adopt the compact, which was the threshold required to activate the agreement.

However, the AAPA says that it could take anywhere between 18 and 24 months to operationalize the

compact, meaning PAs must wait until states create the process to administer compact privileges.

The PA licensure compact eliminates many of the barriers PAs face when looking to practice across state lines, leading to increased patient access to high-quality healthcare. Many healthcare facilities across the country are currently struggling with hiring PAs, so now facilities in compact states have a more streamlined option for onboarding high-quality locum tenens PAs quickly and efficiently.

The PA licensure compact is incredibly similar to the Interstate Medical Licensure Compact (IMLC) and the Nurse Licensure Compact (NLC), as all three are interstate agreements that allow PAs, physicians, and registered nurses (RNs) in participating states to easily gain privilege to practice in another compact state. One of the biggest differences between the PA licensure compact and these other compacts are in its size.

The PA licensure compact is currently only active in seven states. The PA licensure compact is still in its infancy, so it's hard to predict exactly how effective it will be in increasing patient access to healthcare. However, if it performs anything like its physician and nurse counterparts, the PA compact should make an immense impact on helping patients get the help they deserve. For example, since the IMLC began in April 2017, over 97,000 physician licenses have been issued using the IMLC process. Other states that have filed legislation to enact the PA compact include: Maine, New Hampshire, Vermont, New York, Rhode Island, Michigan, Ohio, Tennessee, Oklahoma, and Colorado.

PERFORMANCE IMPLICATIONS

None for The New Mexico Medical Board

ADMINISTRATIVE IMPLICATIONS

The New Mexico Medical Board would have to promulgate and amend their rules to incorporate the Physician Assistant Interstate Licensing Compact.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None for The New Mexico Medical Board

TECHNICAL ISSUES

None for The New Mexico Medical Board

OTHER SUBSTANTIVE ISSUES

None for The New Mexico Medical Board

ALTERNATIVES

None for The New Mexico Medical Board

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

If HB413 is not enacted there may be longer new physician assistant licensing application processing times, possibly a decreased number of physician assistant applicants, and consequently less access to care for New Mexico citizens.

AMENDMENTS

None for The New Mexico Medical Board