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FISCAL IMPACT REPORT

		LAST UPDATED	
SPONSOR Hochman-Vigil		ORIGINAL DATE	2/3/2025
		BILL	
SHORT TITLE	Chiropractic Licensing Changes	NUMBER	House Bill 189
		ANALYST	Hanika-Ortiz

REVENUE* (dollars in thousands)

Type	FY25	FY26	FY27	FY28	FY29	Recurring or Nonrecurring	Fund Affected
RLD (licensing		Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal	Recurring	Chiropractic
fees)		gain	gain	gain	gain		Board Fund

Parentheses () indicate revenue decreases.

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT*

(dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
RLD (system upgrades)		\$600.0	No fiscal impact	\$600.0	Nonrecurring	Chiropractic Board Fund

Parentheses () indicate expenditure decreases.

Sources of Information

LFC Files

Agency Analysis Received From

Regulation Licensing Department (RLD)

Agency Analysis was Solicited but Not Received From

The Medical Board has been consulted on this expanded scope of practice for chiropractors.

SUMMARY

Synopsis of House Bill 189

House Bill 189 (HB189) amends the Chiropractic Physician Practice Act (Chapter 61, Article 4, NMSA 1978) to delineate the scope of practice for level one and level two "certified advanced practice chiropractic physicians" or CAPCPs. These chiropractors may prescribe, administer, or dispense dangerous drugs and, if level two, can conduct certain clinical procedures.

The requirements for level one include (1) 90 hours in pharmacology, pharmacognosy, medication administration, and toxicology; (2) a license to practice chiropractic medicine; and

^{*}Amounts reflect most recent analysis of this legislation.

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(3) 10 hours of continuing education each year. The requirements for level two include (1) supervised clinical rotation under an accredited institution that includes 500 hours of instruction, (2) a license to practice chiropractic medicine, and (3) 20 hours of continuing education each year.

A level one CAPCP may prescribe, inject and dispense under the drug classes of antispastics and antispasmodics, steroids, nonsteroidal anti-inflammatory drugs, desiccated thyroid extract and local anesthetics. A level two CAPCP may prescribe, inject, dispense, and administer dangerous drugs, commensurate with care provided in a physician level whole person primary care practice.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns if enacted, or June 20, 2025.

FISCAL IMPLICATIONS

The Regulation and Licensing Department (RLD) reports the cost to update its NM Plus licensing system is \$600 thousand. The December 2024 LFC *Cash Balance Report* notes a fund balance for the Chiropractor Board of \$524 thousand. HB189 may require a special appropriation to implement. RLD can absorb the rulemaking costs.

SIGNIFICANT ISSUES

Chiropractors are increasingly working alongside primary care physicians and others to integrate chiropractic care into the healthcare delivery system. However, health insurance plans still offer limited coverage for chiropractic services. This bill has the potential to improve access to primary care. New Mexico's physician-to-population ratio is significantly below the national average.

RLD noted the Board of Pharmacy's concerns with HB189:

- There is no specified minimum training standard or requirement for level one CAPCP, who may prescribe, administer, inject, or dispense dangerous drugs.
- Level two CAPCP may prescribe, administer, inject, and dispense dangerous drugs that are used in primary care practice.
- An additional 500 hours of training in core areas does not qualify a chiropractic physician to act as a primary care practitioner.
- A level two CAPCP could prescribe, administer, and dispense any dangerous drug, including Schedule II through V controlled substances.
- Currently, no other state in the country allows chiropractic physicians to prescribe.
- Lastly, nurse practitioners may not dispense. Level two CAPCP is less restricted in their scope of practice than advanced practice nurses and may act as primary care physicians.

AMENDMENTS

Because of the changes required to integrate level one and two licenses into the registry, RLD requests an extension of the effective date of the bill to January 1, 2026.

AHO/sgs/hg/sgs