Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the Legislature. LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

FISCAL IMPACT REPORT

Armstrong/Vincent/Jones/Thomson/
SPONSOR Hochman-Vigil

SHORT TITLE Physician Assistant Licensure Compact

Armstrong/Vincent/Jones/Thomson/
ORIGINAL DATE
BILL
NUMBER

House Bill 413

ANALYST Hanika-Ortiz

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT*

(dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
NMMB		Indeterminate but minimal	Indeterminate but minimal		Recurring	Other state funds

Parentheses () indicate expenditure decreases.

Relates to House Bills 266 and 267 and Senate Bill 12

Sources of Information

LFC Files

Agency Analysis Received From
Health Care Authority (HCA)
Department of Health (DOH)
Regulation and Licensing Department (RLD)
New Mexico Medical Board (NMMB)

SUMMARY

Synopsis of House Bill 413

House Bill 413 (HB413) enters New Mexico into the Physician Assistant Licensure Compact (PA compact), facilitating the ability of physician assistants (PA) to practice in states participating in the PA compact aside from their home license state through a compact license. PAs using a compact license must adhere to the laws and regulations of the remote participating state in which they are practicing. In order to participate in the PA compact, a state must include a criminal background check in its PA licensing process. Remote states would preserve their authority to discipline a licensee, and the PA Compact authorizes joint state investigations.

The PA compact commission would serve as the national administrative body. The PA compact grants qualified immunity to the commission, executive board and employees. Member states may charge a fee for granting a PA Compact license. The PA compact requires each state to select one delegate to participate in annual Physician Assistant Licensure Compact Commission meetings. The commission may impose a state assessment or fee to cover staff and operations and would be responsible for maintaining a coordinated data and reporting system. The rest of HB413 addresses rulemaking authority; disputes with states; severability in case a state finds a provision unconstitutional; and binding effect which says nothing in the compact prevents the enforcement of any other state's law that is not inconsistent with the PA compact.

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

House Bill 413 – Page 2

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 New Mexico Medical Board (NMMB) regulates PAs in New Mexico. The compact allows states to charge a fee for granting a PA compact license. NMMB will be required to recognize other PA licenses issued by participating states, which may have different practice acts and operate under different models. States retain the right to impose adverse actions against a licensee. NMMB notes the average PA compact state may see an increase in applications.

The Department of Health (DOH) and the Health Care Authority (HCA) suggest that interstate medical licensure compacts increase the number of medical providers, by reducing barriers and lowering the cost of getting licensed in multiple states.

SIGNIFICANT ISSUES

NMMB notes that efforts to enact a licensure compact for PAs is a positive step toward decreasing the barriers PAs face when they travel and practice. 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.

In New Mexico, a PA provides services to patients either as a physician supervised PA or in collaboration with a physician. "Collaboration" is where the physician and PA jointly contribute to a patient's care and does not require the physician's presence. Only PAs in primary care with three or more years of experience may move into a collaborative relationship with a physician. Under the collaborative model, the collaborating physician does not assume legal responsibility for services performed by the PA. For PAs in supervised status, however, the supervising physician is individually responsible for errors, acts and omissions of the PA (malpractice).

NMMB will need to ensure it has adequate statutory authority to implement the criminal background check requirements in order to participate in the PA compact.

HB413 would make New Mexico the 14th state to join the PA compact, including Colorado; 13 states have filed legislation to join the compact, including Texas.

PERFORMANCE IMPLICATIONS

NMMB believes that the PA Compact eliminates barriers that PAs face when looking to practice across state lines, leading to increased patient access to healthcare. Many healthcare facilities across the country are 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 Compact is incredibly similar to the Interstate Medical Licensure Compact and the Nurse Licensure Compact, as all three are interstate agreements that allow PAs, physicians, and registered nurses in participating states to gain a privilege to practice in another compact state.

ADMINISTRATIVE IMPLICATIONS

NMMB would need to promulgate and amend rules to incorporate the PA compact.

HCA and DOH also suggested the bill would increase the number of primary care providers to serve patients, especially those with Medicaid. This would improve access for underserved areas.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

This bill relates to House Bill 266, which expands the scope of practice for PAs, and House Bill 267, which would allow certain PAs supervisory status over less experienced PAs.

This bill also relates to Senate Bill 12, which permits out-of-state PAs to consult in-state via telehealth.

OTHER SUBSTANTIVE ISSUES

According to the American Academy of Physician Assistants, 62 percent of PAs in New Mexico are working in medical specialties, and 28 percent in primary care. PA practice acts vary by state, and some practice acts allow PAs to practice independently. New Mexico is not one of those.

AHO/rl/SL2/hj