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FISCAL IMPACT REPORT

LAST UPDATED _____

SPONSOR Herndon **ORIGINAL DATE** 02/10/2025

BILL

SHORT TITLE Health Care Practitioner Transparency Act **NUMBER** House Bill 247

ANALYST Rommel

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT*

(dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
RLD	No fiscal impact	Up to \$86.5	Up to \$86.5	Up to \$173.0	Nonrecurring	Other state funds

Parentheses () indicate expenditure decreases.
 *Amounts reflect most recent analysis of this legislation.

Sources of Information

LFC Files

Agency Analysis Received From
 Regulation and Licensing Department (RLD)
 New Mexico Medical Board (NMMB)
 Board of Nursing (BON)

SUMMARY

Synopsis of House Bill 247

House Bill 247 (HB247) creates the Health Care Practitioner Transparency Act. The act defines “deceptive or misleading terms or false representations” to mean the use of titles or terms that misstate or falsely imply the practitioner’s: (1) profession; (2) skills; (3) training; (4) expertise; (5) educational degree; (6) board certification; (7) licensure; (8) work or services offered; or (9) medical field, if the practitioner is not a licensed physician.

The act enumerates eighteen healthcare practitioner types, requiring that any advertisement by a practitioner includes their name, and the type of license under which they provide services. They may not use deceptive or misleading terms or false representations. They also cannot include a reference to a medical title (defined as being a medical doctor or physician) unless they are, in fact, a physician.

Facilities other than a hospital must display in the reception area clear identification of the type of practitioners working in the facility and the right of patients to inquire about the licenses held by each practitioner. The act does not require listing the name of every practitioner employed by the facility.

A healthcare practitioner is required to wear an identifier (ID) during all patient encounters that includes the practitioner’s name and type of license and educational degree held. This ID is not

required in settings where a safety or health risk would be created because of wearing an ID. The requirements do not apply to a healthcare practitioner who practices in a nonpatient care setting and does not have direct patient care interactions. The ID requirements only apply to dentists, chiropractic physicians, or optometrists if they are practicing in a hospital, nursing home, assisted living community, or personal care home. A healthcare facility that already requires its practitioners to wear an identification badge shall not be required to replace existing badges to conform with the new ID requirements.

A nurse or physician assistant (PA) must verbally identify as such during each initial patient interaction. A nurse or PA who holds a doctorate degree and identifies with the title “doctor” in a clinical setting must clearly state that the title does not refer to being a medical doctor or physician.

Nothing in the act shall be construed to create or imply a private cause of action for violation of the act or prevent a healthcare practitioner from using a title that is statutorily authorized pursuant to a license.

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

FISCAL IMPLICATIONS

HB247 contains no appropriation.

LFC estimates additional budget impact of up to one FTE for a compliance officer at Regulation and Licensing Department (RLD) to enforce the provisions of the act. It is unknown what volume of complaints may be encountered.

RLD remarks on fiscal impact to the department, boards and commissions:

It is anticipated that there may be an increase in complaints from the public regarding healthcare providers who do not follow the Act. This would require additional investigations and complaint follow-up by inspectors and investigators from the compliance staff of RLD Boards and Commissions Division. The extent and cost of complaint investigations due to the Act, however, is not clear.

Additional staff may need to be hired to address additional complaints. Each of the professional licensing boards/commissions that are administratively attached to RLD and will be impacted by HB247 have their own nonreverting funds that are utilized to pay the costs of the staffing and other operational expenses of RLD to support those boards/commissions. Each of those nonreverting funds would therefore be impacted by HB247 to the extent there are additional complaints/violations that would have to be investigated by the Boards and Commissions Division compliance staff and the costs resulting from the increase in investigations and/or administrative and appellate litigation connected to an increase in

An administrative rulemaking process, including a public hearing and all required publication of notices and proposed rules, would likely be required to update and amend current administrative rules issued pursuant to the Act if HB247 is enacted. RLD believes it can absorb the costs associated with the rulemaking processes for this bill within existing resources.

SIGNIFICANT ISSUES

HB247 may reduce public confusion on the credentials of healthcare practitioners and prohibit false advertising by healthcare practitioners.

ADMINISTRATIVE IMPLICATIONS

The Board of Nursing indicates it would need to promulgate rules and enforce penalties.

OTHER SUBSTANTIVE ISSUES

In its analysis RLD reported comments from several boards:

- The Board of Dental Health Care raised the following concerns:
 - Licensed dentists receiving a Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) degree from [an] accredited institution recognized by the United States Department of Education and generally refer to themselves as “Dr. _(name)___.”
 - There are dentists (especially oral surgeons, pediatric dentists, and other dentists working with older adults, pediatric, or special needs populations) who do have privileges in hospitals and long-term care facilities.
 - Dental Therapists and Dental Hygienists are also licensed dental healthcare providers not included in this act.
 - The board indicates that it already has rules in place and HB247 would be redundant. See Rules 16.5.1.8, 16.5.1.29, and 16.5.16.10 B New Mexico Administrative Code.
- The Nutrition and Dietetics Practices Board requests that “nutritionists” be included in the definition of healthcare practitioner.
- The Board of Examiners for Occupational Therapy noted that applied behavioral analyst providers are not listed.
- The Board of Optometry noted no obvious concerns or problems with HB247.
- The Physical Therapy Board is concerned that there is too much ambiguity in the Act, leading to confusion in its implementation.
- The Board of Psychologist Examiners stated the “[p]otential impact is ensuring clarity around training and licensure, which can then lead to greater protection of the public.”
- The Speech-Language Pathology, Audiology and Hearing Aid Dispensers Practices Board notes while dentists, chiropractic physicians and optometrists are exempt from ID requirements in a private setting, audiologists and speech-language pathologists are not.
- The Board of Pharmacy requires name tags that include titles in pharmacies. To avoid unnecessary administrative burden the Board requests that, on page 4, line 24, add “or pharmacy” after the word hospital.