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FISCAL IMPACT REPORT

SPONSOR HHGAC		GAC	ORIGINAL DATE LAST UPDATED	1/26/09 2/2/09 HB	14/HHGAC	
SHORT TITLE		Chiropractic Physician Formularies		SB		
ANALYST					Wilson	_
<u>APPROPRIATION (dollars in thousands)</u>						
		Appropriation		Recurring or Non-Rec	Fund Affected	
	EVAA		EV10			

NFI

(Parenthesis () Indicate Revenue Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From Medical Board (MB) Regulation & Licensing (RLD)

SUMMARY

Synopsis of HHGAC Bill

The House Health & Government Affairs Committee substitute for House Bill 14 amends NMSA 61-4-9.2 by expanding on the drugs or substances chiropractors may prescribe to include over-the-counter drugs.

The bill removes the Board of Pharmacy and Medical Board's authority to approve the drug formulary that the Chiropractic Board has developed and that an advanced practice chiropractor may prescribe from.

The bill adds a new paragraph B to this section giving the Chiropractic Board authority to develop and approve the drug formulary. Drugs, controlled substances, drugs for administration by injection and substances not listed in NMSA 61-4-9.2A and B or on the approved formulary must be submitted to the Pharmacy and Medical Boards for approval

FISCAL IMPLICATIONS

There is no fiscal impact.

House Bill 14/HHGACS – Page 2

SIGNIFICANT ISSUES

The Medical Board and the Pharmacy Board currently are participating in a committee formed by the Chiropractic Examiners Board to develop a drug formulary based on an advanced chiropractor's scope of practice and pharmacological education. This is a result of legislation passed the previous year giving advanced practice chiropractors prescriptive authority but limited their prescriptive authority to a drug formulary approved by the Medical and Pharmacy Boards. The committee has not finished this process.

In the past year, the New Mexico Attorney General's Office has advised the Board of Acupuncture and Oriental Medicine (BAOM)that clarity is needed on the substances and procedures in their enabling legislation. Corrective legislation will be introduced this session.

The Board of Pharmacy believes that this bill also is not specific enough and suggests that clear definitions of the substances should be added in section 1, Part A

RLD further recommends that the definitions in this bill be identical with any new comparable legislation concerning the BAOM in order that the chiropractors and the doctors of oriental medicine use the same formulary.

The Medical Board strongly recommends that the legislature require the formation of an ad hoc Committee of experts and stake-holders to review proposed changes to any healthcare profession's scope of practice prior to implementing requests such as those proposed in HB14. This Committee would review the extent of existing scientific knowledge of the changes to scope of practice and determine if the changes are critical, as well as, the specific training necessary to achieve a level of knowledge, skill and safety in the application of the changes proposed. Policy makers should assure that scope of practice changes are justified by appropriate and relevant education, training, examination, and experience. This review should also include a review of the rules and governing act for the profession to be sure that the authority for any new rules proposed or already in existence are authorized under the provisions of the relevant board's professional practice act.

ADMINISTRATIVE IMPLICATIONS

The affected agencies should be able to handle the enforcement of the provisions in this bill as part of ongoing responsibilities.

DW/mt