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## FISCAL IMPACT REPORT

**SPONSOR** Thomson                      **ORIGINAL DATE** 01/30/13  
**LAST UPDATED** 02/08/13      **HJM** 25/aHHGIC  
**SHORT TITLE** Safe Injection Practices for Health Licenses      **SB** \_\_\_\_\_  
**ANALYST** Martinez

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY13	FY14	FY15	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>		*Minimal				

(Parenthesis ( ) Indicate Expenditure Decreases)

\*See Fiscal Implications

Relates to HB 115

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Board of Nursing (BN)

Department of Health (DOH)

### SUMMARY

#### Synopsis of HHGIC Amendment

The Health Government and Indian Affairs Committee amendment to House Joint Memorial 25 eliminates the requirement that the boards named within must “Adopt” continuing education requirements with respect to safe injection practices, and replaces with direction that each board shall separately evaluate the need for their licensees to have continuing education.

#### Synopsis of Original Bill

HJM 25 will require certain health care boards to deny issuance and renewal of a license unless the applicant attests to knowledge of and compliance with guidelines of the federal centers for disease control and prevention of infectious agents through safe and appropriate injections practices.

The Boards and license types affected are:

- Board of Optometry – Optometrists
- Board of Nursing – Nurse, Hemodialysis Technician, Medication Aide, Certified Nurse Practitioner, Registered Nurse and Clinical Nurse Specialist,
- Dental Health Care Board – Dentist, Dental Hygienist, Dental Assistant, Expanded Function Dental Auxiliary, Community Dental Health Coordinator and Dental Assistant Certified in Expanded Functions.
- Medical Board – Physician, Physician Assistant and Anesthesiologist Assistant,
- Podiatry – Podiatrist
- Osteopathic Medical Board – Osteopathic Physician and Physician Assistant
- Board of Pharmacy – Pharmacist and Pharmacy
- Acupuncture & Oriental Medicine – Doctor of Oriental Medicine and certification of a doctor

### **FISCAL IMPLICATIONS**

In a related bill RLD writes: the costs are unknown but the appropriate board would be required to hold a hearing in order to deny the license or renewal. The board would be required to hire a hearing officer and pay costs associated with travel for staff to conduct hearings. It is difficult to anticipate how often this might occur to attach a specific cost.

### **SIGNIFICANT ISSUES**

In a related bill RLD writes: currently the Board of Dental Health Care requires dental and dental hygiene applicants to submit proof of taking an infection control course for initial licensure. The Dental Board also requires all licensees to submit proof of completion of a 1 hour course in infection control for renewal of licensure.

### **TECHNICAL ISSUES**

DOH notes a conflict with the New Mexico Nurse Practice Act. Sections 2, 5, 6 and 7 would be redundant because registered nurses, certified nurse practitioners, certified registered nurse anesthetists, and clinical nurse specialists must have completed an accredited nursing program where safe and appropriate infection practices have been taught with required demonstration, by the student, in order to graduate. The State Board of Nursing also requires Registered Nurses (RN) to pass a board exam to further prove their knowledge. Employers of RNs must further ensure that RNs demonstrate competency in any clinical skill required for their job, including safe and appropriate infection practices.

### **PERFORMANCE IMPLICATIONS**

The Board of Nursing (BON) reports the following:

- The Board of Nursing has regulatory authority over the education, licensure, and discipline of nurses licensed in this state and requires continued competency in the area of practice. This authority allows the New Mexico Board of Nursing to protect the public from unsafe practitioners.
- The NM Board of Nursing has an evidenced based and established means of regulating and evaluating the scope of practice of all their licensees and certificate

holders through the Nurse Practice Act, current and updated rules and regulations and through the currently established requirements for continuing education.

- In total, the legislation is primarily targeted at agencies that currently do not require mandatory continuing education in the area of safe injection practices. Currently, all Registered and Licensed Practical Nurses are required to verify 30 continuing education units in the specialty area upon renewal and advanced practice nurses are required to verify 50 continuing education units (15 of which must be in pharmacology), and apply to the concerns addressed in this House Joint Memorial.

### **OTHER SUBSTANTIVE ISSUES**

DOH reports that breaches in infection control practice are a major concern for the Centers for Disease Control and Prevention. The investigation of four large outbreaks of Hepatitis B Virus and Hepatitis C Virus among patients in ambulatory care facilities in the United States identified a need to define and reinforce safe injection practices. The four outbreaks occurred in a private medical practice, a pain clinic, an endoscopy clinic, and a hematology/oncology clinic. The primary breaches in infection control practice that contributed to these outbreaks were 1) reinsertion of used needles into a multiple-dose vial or solution container (e.g., saline bag) and 2) use of a single needle/syringe to administer intravenous medication to multiple patients.

RM/blm