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## FISCAL IMPACT REPORT

ORIGINAL DATE 02/14/13

SPONSOR McSorley LAST UPDATED \_\_\_\_\_ HB \_\_\_\_\_

SHORT TITLE Chiropractic Physician Drug Prescriptions SB 471

ANALYST Martinez

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY11	FY12		
	NFI		

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

Response Received From  
Medical Board (MB)

### SUMMARY

#### Synopsis of Bill

Senate Bill 471 (SB 471) creates a new section 8 of the Chiropractic Physician Practice Act to allow for a certified advanced practice chiropractic physician with a prescription certificate to prescribe and administer dangerous drugs and to perform certain other procedures.

SB 471 will also amend the Chiropractic Physicians Practice Act NMSA 1978, to mandate that at least one member of the chiropractic licensing board be a certified advanced practice chiropractic physician. And removes the liability and responsibility of formulary approval from the Medical Board (MB) to approve the education and competency along with the approval of which dangerous drugs or controlled substances may be administered and now leaves the Board of Chiropractic Examiners Board (NMBCE) to regulate the chiropractic profession.

### FISCAL IMPLICATIONS

No fiscal implications.

## SIGNIFICANT ISSUES

The MB provided the following:

There are still many deficiencies in what is, essentially, a further re-write of previous, similar Bills that have failed to pass in the Legislature. Generally speaking, the criteria proposed do not conform to what the MB believes is basic to the preparation for what amounts to the practice of medicine as “an advanced practice chiropractic primary care” practitioner. (The term “physician” is and always has been inappropriate since physicians are only practitioners with DO and MD degrees).

1. Page 2, lines 16-23. “...administering a drug by injection...” has not been approved by the MB, especially since the drugs to be injected are not specified, but by inference from Page 2, Line 25 through Page 3, Line 4 “‘chiropractic medicine’ shall exclude operative surgery and the prescription or use of controlled substances, except where permitted by statute or rule” all other categories of dangerous drugs are allowed except controlled substances. The MB has not given its approval of injectable drugs, because of the lack of sufficient education and training;
2. Page 5, Lines 5 through 24 are confusing; they are a single sentence, and attempt to define “chiropractic medicine”;
3. Page 10, Lines 11-15. The statement, “...‘certified advanced practice chiropractic physician’ shall have prescriptive authority for therapeutic and diagnostic purposes...” is non specific, and the prescription of dangerous drugs has been specifically disapproved by the MB;
4. Page 11, Lines 13-21: This sub-section D of Section 6 presents the most important specific criteria that led the MB to disapprove the prescription of dangerous drugs (defined by the Pharmacy Board as any drug requiring a prescription): the MB has concluded that ninety (90) hours of “didactic course hours in pharmacology, pharmacognosy, medication administration and toxicology” is wholly inadequate preparation for the prescription and use of dangerous drugs. In contrast, for example, prescribing psychologists are required to receive 450 hours of pharmacology and 80 hours that include medication administration and toxicology (total 530 hours), as well as an additional 400 hours of supervised clinical prescriptive practice). Clearly, SB 471 falls far short of what is needed for adequate education in the fields of pharmacology;
5. Page 12, Lines 12-23. This sub-section B of 61-4-9.2 has been argued at least since 2010, and consistently disapproved by the MB for reasons given above, especially relating to the absence of appropriate education, training, and experience.
6. Page 11, Lines 17-18 and Page 12, Lines 21-22. Undoubtedly as a result of the previous MB disapproval, this Bill now contains these two statements: “...approved by the board and the New Mexico medical board ...”, and, “...submitted to the board of pharmacy [and the New Mexico medical board] for approval.”
7. Page 13, Lines 3-7. This sub-section A to be added to the “Chiropractic Physician Practice Act” allows the certified advanced practice chiropractic physician to “prescribe, administer and dispense legend drugs or controlled substances included in Schedules III through V of the Controlled Substances Act”. A “legend” drug is the same as a “dangerous drug”: any that require prescription. This is another attempt to include prescriptive authority for drugs that have been disapproved by the MB;
8. Page 13, Line 24 through Page 14, Line 10 introduces a new, non-specific concept of how many hours must be distributed—no allocation is specified—between the four areas: clinical pharmacology, evidence-based clinical assessment, clinical pharmacotherapeutics

and either primary case management or patient safety and standards of primary care. The number of hours specified in SB 471 is “no fewer than five hundred” with an unknown distribution between the four categories. Please note the comment in Significant Issues #4 above in re the number of hours which, in the case of prescribing psychologists, totaled 530 (450 + 80) hours of pharmacology and evidence-based clinical assessment, plus another 400 hours of medically supervised clinical pharmacotherapeutics, a total of 930 hours. Also, in the next sub-section B (5) on Page 14, lines 11-17, the supervised clinical experience is characterized in a general way, with no specificity of total hours to be accomplished (compared with the 400 hours allotted for the prescribing psychologists in analogous supervised clinical experience).

RM/svb:blm