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FISCAL IMPACT REPORT

SPONSOR HRPAC ORIGINAL DATE 3/3/15
LAST UPDATED 3/5/15 HB 622/HRPACS
SHORT TITLE Public Peace, Health, Safety & Welfare SB _____
ANALYST Elkins

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY15	FY16	FY17	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		NFI				

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Board of Nursing (BON)

Medical Board (MB)

SUMMARY

Synopsis of Bill

House Regulatory and Public Affairs Committee Substitute for House Bill 622 requires certified registered nurse anesthetists to have successfully completed a nurse anesthesia education program at a master's level or higher. Currently, only applicants initially licensed by the board or a board in another jurisdiction after January 1, 2001 are required to have completed a master's level or higher nurse anesthesia education program.

FISCAL IMPLICATIONS

There are no identified fiscal implications.

SIGNIFICANT ISSUES

Certified registered nurse anesthetists licensed before January 1, 2001 who have not completed a nurse anesthesia education program that is at a master's level or higher may be impacted by this bill. However, requiring at least the completion of at least a master's level program may help the Board of Nursing protect public safety through effective regulation of nursing care and services.

The Board of Nursing offers the following commentary:

The proposed strikethrough on Page 2, line 4-6 would prevent the Board of Nursing from issuing a CRNA license to a CRNA that may have been educated with a diploma or Bachelor's degree before a master's degree was the standard. Efforts were made by the administration and the Legislature last year to expedite nurse licensure and attract nurses to New Mexico. According to HRSA (2013) New Mexico has the 6th lowest RN/population ratio in the nation. This strikethrough would eliminate the board's ability to license previously qualified CRNAs coming to New Mexico who were educated under previous industry standards and who are the most seasoned and experienced CRNAs in practice.

All CRNA programs in the United States are accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) and they have all been masters-level or doctoral-level educational programs since 1998. The evolution of CRNA education began with diploma programs and baccalaureate programs, but is moving toward doctoral education. The COA has modified their standards to achieve that new standard. Currently 35 of the 115 CRNA education programs have a doctoral degree as the entry level to practice. As of this year no more Masters-level CRNA programs will be admitted and all CRNA programs must become doctoral programs by Jan. 1, 2022

There are currently 423 actively licensed CRNAs in New Mexico and of those, 90 were initially licensed prior to this educational grandfathering clause date of January 1, 2001. Of those 90 CRNAs, 50 do not have a master's degrees. Of all the actively licensed New Mexico CRNAs, 11.8% do not have graduate degrees. Those 50 CRNAs have had safe practice in New Mexico with only one ever receiving serious discipline.

Health Resources and Service Administration. (April, 2013) The U.S. Nursing Workforce: Trends in Supply and Education.

<http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf>

Council on Accreditation and Nurse Anesthesia Educational Programs (Rev. Jan., 2015)

<http://home.coa.us.com/about/Pages/default.aspx>

Standards for Accreditation of Nurse Anesthesia Educational Programs.

<http://home.coa.us.com/accreditation/Documents/2004%20Standards%20for%20Accreditation%20of%20Nurse%20Anesthesia%20Educational%20Programs,%20revised%20Jan%202015.pdf>

AMENDMENTS

The Medical Board suggests the following amendments:

Page 4, lines 1-5 should be amended to read: "The board, in collaboration with the New Mexico medical board and the New Mexico board of pharmacy, shall develop the formulary. Certified registered nurse anesthetists who prescribe shall do so in accordance with the prescriptive authority formulary."

House Bill 622 – Page 3

Also noted above, Page 2, lines 20-22, the osteopathic physician practice act should be included as well, thus it should read: “...the Dental Health Care Act, the Medical Practice Act, the Osteopathic Physician Practice Act, and the Podiatry Act . . .”

CE/je/aml