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FISCAL IMPACT REPORT

ORIGINAL DATE

SPONSOR Morales **LAST UPDATED** 02\05\15 **HB** _____

SHORT TITLE Nurse Practitioner Scope of Practice **SB** 299/aSPAC

ANALYST Dunbar/Chabot

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY16	FY17		
NFI			

(Parenthesis () Indicate Expenditure Decreases)

Relates to: HB121, SB 48

Relates to Appropriation in the General Appropriation Act

SOURCES OF INFORMATION

Responses Received From

Department of Health (DOH)
 University of New Mexico (UNM)
 Board of Nursing (BN)
 Medical Board (MB)
 Human Service Department (HSD)

SUMMARY

Synopsis of SPAC amendment

The Senate Public Affairs Committee amendment strikes the requirement for all cabinet secretaries, agency heads and heads of a political subdivision to submit proposed updated rules on advanced practice nurses, certified nurse midwives and physician assistant’s scope of practice to the MB and BN and their subsequent review.

Synopsis of Original Bill

Senate Bill 299 would:

- 1) Amend several sections of law to include the words “advanced practice registered nurse, certified nurse-midwife or physician assistant working with that person’s scope of practice” to existing sections that currently just have the word “physician”;
- 2) Expand certain provisions of the Uniform Health-care Decisions Act to include non-physician primary care practitioners; and

- 3) Require state agencies and political subdivisions to update their rules to include these health care practitioners where appropriate.

SB 299 does not change scope of practice for advanced practice registered nurses, a certified nurse-midwife or a physician assistant. This Bill provides administrative function authority. For example, this Bill provides primary care signatory for a variety of areas, such as:

- Certify a “disabled person.” Disabled person means a person who has a medically determinable physical or mental impairment, that renders such person unable to engage in gainful employment;
- Certify for vaccination for minor that states that the minor's physical condition is such that the vaccination would seriously endanger the minor's life or health; and
- Certify for persons employed in a public or private school, including bus drivers, shall present to the governing authority of the school where employed that the person is free from all communicable diseases in a transmissible stage dangerous to the health of students.

Services provided by advanced practice registered nurses include: Ordering, performing and interpreting diagnostic tests such as lab work and x-rays; diagnosing and treating acute and chronic conditions such as diabetes, high blood pressure, infections, and injuries; prescribing medications and other treatments; managing patients' overall care; counselling; and educating patients on disease prevention and positive health and lifestyle choices.

SB 299 provides administrative clean-up languages such as clarifying the distinction between provider and practitioner.

FISCAL IMPLICATIONS

None Identified.

SIGNIFICANT ISSUES

SB 299 is related to 2014 House Memorial 46 Task Force Report recommendations, published by the Department of Health (DOH) in November 2014. Advanced practice registered nurses must have a master's or doctoral degree and have advanced clinical training beyond that required for a professional registered nurse. In addition to education, a nurse must pass a national certification examination to be recognized as a nurse practitioner.

Advanced practice registered nurses are licensed in all states and the District of Columbia, and practice under the rules and regulations of the state in which they are licensed. In New Mexico, once nationally certified, they can they apply to the New Mexico Board of Nursing to be licensed as an advanced practice registered nurse. Advanced practice registered nurses must maintain certification and licensure through documented ongoing professional development and continuing education.

Additionally, DOH notes that the New Mexico Board of Nursing also requires that all advanced practice registered nurses maintain a prescribing formulary. Once licensed as an advanced

practice registered nurse, advanced practice registered nurses must obtain a New Mexico Controlled Substance License in order to prescribe controlled substances. New Mexico Board of Nursing regulations also require advanced practice registered nurses to register with the Board of Pharmacy's Prescription Monitoring Program (PMP) and the Board of Pharmacy will no longer renew controlled substance licenses unless prescribers have registered with the PMP. After obtaining a New Mexico Controlled Substance License, advanced practice registered nurses may apply for a federal DEA license (<http://nmnpc.site-ym.com/?page=8> New Mexico Nurse Practitioner Council).

Across the country nurse practitioners provide high-quality care in rural, urban and suburban communities, in many types of settings including clinics, hospitals, emergency rooms, urgent care sites, private physician or nurse practitioner practices, nursing homes, schools, colleges, and public health departments (<http://www.aanp.org/>).

SB 299 identifies Physician Assistants and Certified Nurse Midwives as non-physician primary care practitioners, enabling those health professionals to address the health care needs of New Mexicans that previously could only be done by medical doctors.

SB 299 requires state agencies and political subdivisions to update their rules to include these health care practitioners where appropriate.

The Medical Board states that many health care tasks, specified in the laws of New Mexico, may be carried out by the added practitioners, thus making many of the tasks listed more readily and effectively completed.

PERFORMANCE IMPLICATIONS

SB 299 relates to DOH FY15 Strategic Plan, Result 4: Recruitment and retention of health professionals to respond for health care shortage areas.

SB 299 will have direct implication and better utilize advanced practice registered nurses, and certified nurse-midwives in their primary care roles. In addition, UNM notes that this could help manage a patient's time more appropriately only having to visit with his or her advanced practice registered nurse or nurse-midwife and not having to duplicate a visit to a physician's office to get administrative paper work authorized, subsequently, reduces duplication of patient's time, and energy. Also, this could help reduce cost to the patient only having to visit with his or her advanced practice registered nurse or nurse-midwife and not having to duplicate a visit and incur an additional office visit cost to a physician office to get administrative paper work authorized, subsequently, providing financial savings to the patient.

With enactment of SB 299, many health care tasks, specified in the laws of New Mexico, may be carried out by the added practitioners, thus making many of the tasks listed more readily and effectively completed.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

SB 299 relates to HB 121, which would amend NMSA 21-1-27.7 to allow nursing educators employed by a public post-secondary educational institution and registered nurses seeking employment as nursing educators in a public post-secondary educational institution to obtain a higher nursing degree; and, SB 48, which proposes an appropriation to increase the number of

psychiatric mental health nurse practitioners that graduate from New Mexico State University and remain in New Mexico for at least three years following graduation.

TECHNICAL ISSUES

The Board of Nursing offers the following suggestions that the sponsor may wish to consider:

1. The short title of this bill is a very poor fit, since the actual scope of practice for CNPs is not changing. **Suggestion: Health Practitioner Inclusive Language**
2. The bill reads *husband and wife*, more appropriate language would be: *spouses, a married couple, two married people etc.* [Page 5, Line 21]
3. **Suggestion: remove the word *licensed* from in front of the word *physician*.** Several places in the bill the language reads *a licensed physician or an advanced practice registered nurse, certified nurse midwife...* but does not specify licensure for the non-physician health care providers listed. The bill's intention is parity, but the language listing the providers only specifies licensure for the physician. All of these healthcare provider titles are protected titles that may only be applied to people who hold that license; therefore one is only a physician if licensed as a physician. [Page 3, Line 3; Page 6, line 24; Page 8, line 9, 15, 21, Page 9, line 1; Page 39, line 25, Page 41, line 10; Page 42, line 20; Page 43, line 2, 13, 20]
4. **Suggestion: removed the word *medical* to describe professional judgment of health care practitioners,** since medical connotes medicine and the intent of the bill is to be more inclusive of non-physician health care practitioners. [page11, line 11; page19, line 9; page 20, line 11 page 30, line 11, 15, page 39, line 25, page 41, line 10]
5. The Board of Nursing does not license Certified Nurse Midwives. They are licensed by the Department of Health. The language should be changed to reflect that. Page 43, Lines 6-21
6. Why are pharmacist clinicians, podiatrists, licensed midwives (non-nurses) excluded from this bill? Pharmacist clinicians and podiatrists would likely have patients that would need a disability car placard too.

OTHER SUBSTANTIVE ISSUES

The Board of Nursing currently licenses 2,211 Advanced Practice Registered Nurses (1,637 Certified Nurse Practitioners; 141 Clinical Nurse Specialists; and 433 Certified Registered Nurse Anesthetists) who will no longer to be prevented from performing some tasks appropriate to their independent practice.

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